

Learning Agreement

Name of Student: _____

Sending Institution: Shih Chien University, Taiwan

Department of Sending Institution: _____

Receiving Institution: _____ Faculty/Department: _____

Study Period at Receiving Institution: _____ / _____ / _____ to _____ / _____ / _____

Study Program at Receiving Institution: ☐ Exchange ☐ Study Abroad ☐ Dual Degree

	Course No. (if any)	Course Title	Number of Credits
1			
2			
3			
4			
5			
6			
7			
8			
Total of Credits			
Student's Signature			Date
Receiving Institution			
We confirm that the above outlined study program is approved.			
Institutional Coordinator		Departmental Coordinator	
Name		Name	
Signature		Signature	
Date		Date	
Shih Chien University			
We confirm that the above outlined study program is approved.			
Institutional Coordinator		Departmental Coordinator	
Name		Name	
Signature		Signature	
Date		Date	