Erasmus ECTS - EUROPEAN CREDIT TRANSFER SYSTEM TEST LEARNING AGREEMENT* (TLA)

ACADEMIC YEAR 20.../20... COURSE: General Medicine

E-mail:

Surname:

First name:

Sending University:				Term of s	study: R / SUMMER / BOTH	
	A LIST (OF SUBJECTS TO	BE AT	TENDE	D	
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)			Number of ECTS credits		

^{*}Kindly send TLA to Ms Rozkošová (<u>rozkosos@lfhk.cuni.cz</u> – Lifelong Learning Assistant) for a preliminary check <u>BEFORE</u> submitting the <u>OFFICIAL</u> learning agreement; TLA must be approved <u>FIRST</u>.