**Erasmus ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

# TEST LEARNING AGREEMENT* (TLA)

ACADEMIC YEAR 20…/20… COURSE: General Medicine

| **First name:** | **Surname:** | **E-mail:** |
|---|---|---|
| **Sending University:** | **Country:** | **Term of study:**<br>**WINTER / SUMMER / BOTH** |

## A LIST OF SUBJECTS TO BE ATTENDED

| **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** |
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*Kindly send TLA to Ms Drbohlavová (drbohlavovav@lfhk.cuni.cz – Lifelong Learning Assistant) for a preliminary check **BEFORE** submitting the **OFFICIAL** learning agreement; TLA must be approved **FIRST**.