



# ST. TIKHON'S ORTHODOX UNIVERSITY

INTERNATIONAL RELATIONS OFFICE

## INCOMING STUDENT APPLICATION FORM

Academic Year 20\_\_/\_\_

### LEARNING AGREEMENT

This application should be completed in **BLACK and CAPITALS** in order to be easily read, copied, faxed or e-mailed

**Name of student:**

Name.....Surname.....

**Sending institution:**

.....Country.....

**Field of study:**.....

**Receiving institution:** St. Tikhon's Orthodox University

No.	Courses preferences	Number of ECTS credits expected

If necessary, continue the list on a separate sheet.



**ST. TIKHON'S ORTHODOX UNIVERSITY**

INTERNATIONAL RELATIONS OFFICE

**LEARNING AGREEMENT**

Academic Year 20\_\_/\_\_

**Name of student:**

Name.....Surname.....

Student's signature:.....Date:.....

**SENDING INSTITUTION**

We confirm that the courses preferences are approved.

Departmental / Institutional coordinator's signature

Stamp

Date:.....

**RECEIVING INSTITUTION**

We confirm that the courses preferences are approved.

Departmental / Institutional coordinator's signature

Stamp

Date:.....