



## LEARNING AGREEMENT

Semester Credit Hours (SCH) system

Year: 20\_\_/20\_\_

Fall semester

Spring semester

<b>Family Name:</b> _____	<b>First Name(s):</b> _____
<b>Home Institution:</b> _____	<b>Country:</b> _____
<b>Name of Secondary School Certificate:</b> _____	
<b>Secondary School Certificate Percentage:</b> _____	

*Details of the proposed study program at Noida Institute of Engineering & Technology*

Course code	Course title (in alphabetical order)	Core/Electives	No of credits



<b>Student's signature:</b> _____	<b>Date:</b> _____
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<b>APPROVAL/ HOME INSTITUTION</b>	
We confirm that this program of study/learning agreement is approved.	
<b>Institutional coordinator's signature:</b> _____	<b>Date:</b> _____

Signature of Head of the Office of International Academic Affairs	
at <b>Noida Institute of Engineering and Technology:</b> _____	<b>Date:</b> _____
Signature of the registrar	
at <b>Noida Institute of Engineering and Technology:</b> _____	<b>Date:</b> _____