

Teaching University “BAU International University, Batumi”

Learning Agreement (One-Cycle higher education program “Medicine”)

Academic Year -----

Student's Name and Surname	
ID Number	
Faculty	
Main Specialty	
Additional Specialties (if applicable)	
Enrolment Year	

Mandatory Learning courses				
№	Learning Course	Credit	Semester	Note
Elective learning courses				
№	Learning Course	Credit	Semester	Note
Learning courses to retake				
№	Learning Course	Credit	Semester	Note

Student	
I do confirm to be familiar with the rule of realizing educational Program and I sign the present contract in order to go through an academic registration	
Date:	

Signature:				
Faculty				
I do confirm that a student ----- has signed the present learning agreement for ----- academic year with the faculty according to the requirement of rule for realizing educational program in order to go through an academic registration				
Faculty Dean		Secretary		
Date		Date		
Signature		Signature		