ECTS – EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT

Academic Year: **2004-2005** **Field of Study:** **Computer science**

Name of Student: **Vojtěch Ouška**
Sending Institution: **Czech Technical University in Prague, Faculty of Electrical Engineering, Zikova 4, CZ-166 36 Prague , Czech Republic**

Details of the Proposed Study Programme Abroad/Learning Agreement

Receiving Institution: *GMIT* Country: *Ireland*

Title of Course	Year	Subjects	ECTS Credits
GA_KSOFT_BGA	4	Artificial Intelligence	5
GA_KSOFT_BGA	4	Software Engineering	5
GA_KSOFT_BGA	4	Systems Programming	5
GA_KSOFT_BGA	4	System Software	5
GA_KSOFT_BGA	4	Data Communications and Networks	5
GA_KSOFT_BGA	4	E-commerce Development Technologies 1	5

Student's Signature: Date 18/06/2004

Sending Institution

We confirm that this proposed programme of study/learning agreement is approved

Departmental Coordinator's signature: _____ Date ____/____/____

Institutional Coordinator's signature: _____Date ____/____/____

Receiving Institution

We confirm that this proposed programme of study/learning agreement is approved

Department Coordinator's signature:_____ Date ____/____/____

Institution Coordinator's signature: _____ Date ____/____/____

Name of Student: **Vojtěch Ouška**

Sending Institution: **Czech Technical University in Prague, Faculty of Electrical Engineering, Zikova 4, CZ-166 36 Prague , Czech Republic**

Changes to Original Proposed Study Programme/Learning Agreement *(Tick where appropriate)*

Course	Year	Subject	Deleted Subject	Added Subject	No of ECTS Credits
GA_KSOFT_BGA	4	Software Engineering	**DELETED**		5

Student's Signature: _____ Date: 13/09/2004

Sending Institution

We hereby confirm the above-listed changes to the initial agreed programme of study/learning agreement are approved.

Departmental Coordinator's Signature: _____ Date: ____/____/____

Institutional Coordinator's Signature: _____ Date: ____/____/____

Receiving Institution

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's Signature: _____ Date: ____/____/____

Institutional Coordinator's Signature: _____ Date: ____/____/____