### □Partnerschool □Freemover (bitte ankreuzen)

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

**Academic Year .........................………. Field of study: .........................……….**

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| Name of student: .........................................................................................................................................Sending institution:.Hochschule Koblenz/Koblenz University of Applied Science Country: Germany |

# DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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| Receiving institution: ........................................................…. Country: .................................................. |

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| Course unit code (if any) and page no. of the information package............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Course unit title (as indicated in the information package)……………………………………………................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ if necessary, continue the list on a separate sheet | Number of ECTS credits.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

Fair translation of grades must be ensured and the student has been informed about the methodology.

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| Student’s signature: …......................................................................... Date: ................................................. |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Date: ...................................................…….Place: ………………………………………….Departmental coordinator’s signature:...............................................................….. | Date: ..............................................................……Place: …………………………………………………Institutional coordinator’s signature:......................................................................................... |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Date: ...................................................…….Place: …………………………………………Departmental coordinator’s signature:...............................................................….. | Date: ..............................................................……Place: …………………………………………………Institutional coordinator’s signature:......................................................................................... |

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| Name of student: .............................................................................................................................................................Sending institution: ............................................................ Country: ....................................... |

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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| Course unit code (if any) and page no. of the information package............................................................................................................................................................................................................................…........................................................ | Course unit title (as indicated in the information package)................................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits.................................................................................................................................................................................................................. |

if necessary, continue this list on a separate sheet

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| Student’s signature:....................................................................... Date:......................…........... |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Date: ...................................................…….Place: …………………………………………Departmental coordinator’s signature:...............................................................….. | Date: ..............................................................……Place: …………………………………………………Institutional coordinator’s signature:......................................................................................... |

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| **RECEIVING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Date: ...................................................…….Place: …………………………………………Departmental coordinator’s signature:...............................................................….. | Date: ..............................................................……Place: …………………………………………………Institutional coordinator’s signature:......................................................................................... |

ECTS Users’ Guide: www.eu.daad.de/imperia/md/content/eu/bologna/2009/ects\_user\_guide2009\_en.pdf