### □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)    ..........................................  ..........................................  ..........................................  .........................................  ..........................................  ..........................................  ..........................................  ..........................................  ..........................................  .......................................... | Deleted  course  unit    🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit    🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | 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