

Learning Agreement for Exchange Students

1. The Student

Last name:	First/Given name:	
Date of birth:	Nationality:	
Sex [<i>M/F</i>]:	E-mail address:	
University/college (sending inst.):		
Study program (including degree, e.g. Bachelor, Master):	Completed semesters:	
. Responsible Academic Title and full name	at the Sending Institution Academic	
	institution and	
	institution and function:	
Phone number:		
	function:	
	function: E-mail address:	

4. Study Plan for Winter Semester

Summer Semester

Component title as indicated in the course catalogue at the receiving institution or title of proposed scientific work	Number of ECTS credit points to be awarded by the receiving institution upon successful completion

			Total:	
y signing, the sending institution and the receiving institution he receiving institution confirms that the listed educational co				
he sending institution commits to recognise all the credits ga ompleted educational components and to count them toward			ition for the su	ccessfully
he student and receiving institution will communicate to the sesponsible persons and/or study period.	sending institut	ion any char	nges of the stu	dy plan,
Date, signature of the responsible person of the	Date, signa	ature of th	e responsibl	e person of the
sending institution (academic):	receiving i	nstitution	(academic):	
. Changes to the original study plan				
Component title		Deleted	Added	Number of ECTS
Component title		Deleted component	Added component	Number of ECTS credit points
Component title				
Component title				credit points
Component title				
Component title as indicated in the course catalogue at the receiving institu	ition	component	component	credit points
Component title as indicated in the course catalogue at the receiving institu Changes can only be made within four weeks after arr	ition	component	component	credit points
Component title as indicated in the course catalogue at the receiving institu	rival at the rec	ceiving insti	component tution.	credit points