

# ECTS-LEARNING AGREEMENT

ACADEMIC YEAR 20\_\_ / \_\_

FIELD OF STUDY: \_\_\_\_\_

Name of student:	
Period of study (dates)	from _____ to _____
Sending institution	Country

## DETAILS OF THE PLANNED STUDY PROGRAM ABROAD/LEARNING AGREEMENT

Receiving institution <b>Hochschule Offenburg</b>	Erasmus code <b>D OFFENBU01</b>	Country <b>Germany</b>
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Course unit code (if any)	Course unit title at the <u>receiving institution</u>	Number of ECTS Credits (if applicable)

*If necessary, continue this list on a separate sheet.*

Date	Student's signature
.....	.....

### SENDING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator's signature

International coordinator's signature

.....  
Date

.....  
Date

### RECEIVING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator's signature

International coordinator's signature

.....  
Date

.....  
Date

to be filled in ONLY if appropriate

Name of student:		
Period of study (dates)	from	to
Sending institution	Erasmus code	Country

**CHANGES TO ORIGINAL PLANNED STUDY PROGRAM/LEARNING AGREEMENT**

Course unit code (if any)	Course unit title at the <u>receiving institution</u>	Deleted course unit	Added course unit	Number of ECTS Credits (if applicable)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Date	Student's signature
.....	.....

**SENDING INSTITUTION:**  
We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator's signature	International coordinator's signature
.....	.....
Date	Date

**RECEIVING INSTITUTION:**  
We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator's signature	International coordinator's signature
.....	.....
Date	Date