

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR 20:

FIELD OF STUDY:

Name of student:		
Sending institution:		
Schaing institution.		
Country:		
DETAILS OF THE PROPOSED STUDY PRO	OGRAMME ABROAD/LEA	RNING AGREEMENT
Receiving institution:		
Country:		
Course unit title	Number of ECTS credits at Host University/ Receiving Institution	Number of credits at Home University/ Sending Institution



Hochschule

Bonn-Rhein-SiegUniversity of Applied Sciences

STUDENT'S SIGNATURE				
Date:				
Date				
CENDING INSTITUTION				
SENDING INSTITUTION				
We confirm that the proposed programme of study/learning agreement is approved.				
Departmental coordinator's name	Departmental coordinator's signature			
Date:				
RECEIVING INSTITUTION				
We confirm that this proposed programme of study/learning agreement is approved.				
Departmental coordinator's name	Departmental coordinator's signature			
Date:				

If necessary, continue the list on a separate sheet



Name of student:				
Sending institution:				
Country:				
CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)				
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				
Student's signature				
Date:				
SENDING INSTITUTION				
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.				
Departmental coordinator's name Departmental coordinator's signature				
Date:				



RECEIVING INSTITUTION		
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.		
Departmental coordinator's name	Departmental coordinator's signature	
Date:		