

ECTS-LEARNING AGREEMENT

ACADEMIC YEAR 20__/20__

FIELD OF STUDY:

Name of student:	Matriculation number *:
Period of study (dates) from	to
Sending institution	Country

DETAILS OF THE PLANNED STUDY PROGRAM ABROAD/LEARNING AGREEMENT

Receiving institution	Country
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Course unit code (if any)	Course unit title at the receiving institution	SWS*	Number of ECTS Credits (if applicable)	Anerkennung an der Hochschule Offenburg im Studiengang _____ als Modul Nr., LV:*	SWS*	Credits*	* als P=Pflichtfach W=Wahlfach Z=Zusatzfach

If necessary, continue this list on a separate sheet.

** only for internal use at Hochschule Offenburg*

Date	Student's signature
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SENDING INSTITUTION:

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

Departmental coordinator's signature

Date

to be filled in ONLY if appropriate

Name of student:	Matriculation number*:
Period of study (dates) from	to
Sending institution	Erasmus code (if applicable) Country

CHANGES TO ORIGINAL PLANNED STUDY PROGRAM/LEARNING AGREEMENT

Course unit code (if any)	Course unit title at the receiving institution	Deleted course unit	Added course unit	Number of ECTS Credits (if applicable)	Anerkennung an der Hochschule Offenburg im Studiengang _____ als Modul Nr., LV:*	SWS*	Credits*	* als P=Pflichtfach W=Wahlfach Z=Zusatzfach
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		□	□					
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		□	□					

** only for internal use at Hochschule Offenburg*

Date	Student's signature
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SENDING INSTITUTION:	We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.
Departmental coordinator's signature	
Date	