LEARNING AGREEMENT

ACADEMIC YEAR: FIELD OF STUDY:

|  |
| --- |
| Name of student: Student ID (htw saar-Matrikel-Nr.): E-mail-address: Sending institution and country: |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

|  |
| --- |
| Receiving institution: Hochschule für Technik und Wirtschaft des Saarlandes (htw saar) University of Applied Sciences Goebenstr. 40, 66117 SaarbrückenCountry: Germany |

|  |  |  |
| --- | --- | --- |
| module code (if any) | module title\*(as indicated in the official module description) | number of ECTS  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Total:  |

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

|  |
| --- |
| STUDENT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| SENDING INSTITUTIONWe confirm that this proposed programme of study / learning agreement is approved.Departmental co-ordinator’s signature Institutional co-ordinator’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| RECEIVING INSTITUTIONWe confirm that this proposed programme of study / learning agreement is approved.Departmental co-ordinator’s signature Institutional co-ordinator’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |