LEARNING AGREEMENT

ACADEMIC YEAR: FIELD OF STUDY:

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| 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

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

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| module code (if any) | module title\*  (as indicated in the official module description) | number of ECTS |
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\*If necessary, continue this list on a separate sheet.

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

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

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