

STUDENT MOBILITY LEARNING AGREEMENT



Name of the Student	
Sending Institution	
Country	
Academic Year	

DETAILS OF THE PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

Receiving Institution	Country	Place	Field of Study
TH Wildau- Technical University of Applied Sciences	Germany	Wildau	

Course Code	Course Title	No. of ECTS Credits Home Country	No. of ECTS Credits Host Country
Total:			

Course Code	Course Title	Period time (MM/DD/YY)

Student's Signature		Date	
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SENDING INSTITUTION

We confirm that the proposed learning agreement is approved.

Departmental Coordinator's Signature	Institutional Coordinator's Signature
Date	Date

RECEIVING INSTITUTION

We confirm that the proposed learning agreement is approved.

Departmental Coordinator's Signature	Institutional Coordinator's Signature
Date	Date

STUDENT MOBILITY LEARNING AGREEMENT



Name of the Student _____

Sending Institution _____

Country _____

Academic Year _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Changes in amount of credit points (+ or -):				

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 Signature _____

Institutional Coordinator's Signature _____

Date _____

Date _____

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's Signature _____

Institutional Coordinator's Signature _____

Date _____

Date _____