

**LEARNING AGREEMENT**

**Hochschule Düsseldorf – University of Applied Sciences**

Academic Year 20 / 20 winter term summer term

**Home Institution**

|  |  |
| --- | --- |
| Name of student |  |
| Name of university | Hochschule Düsseldorf , GERMANY |
| Faculty/Department |  |
| Study programme |  |

**Details of the proposed Study Programme Abroad: Guest Institution**

|  |  |
| --- | --- |
| Name of University |  |
| Faculty/Department |  |
| Country |  |
| **Before the mobility** |
|  | ***Study Programme at the Receiving Institution*****Planned period of the mobility: from [month/year] ……………. to [month/year] ……………** |
| **Table A****Before the mobility** | **Component code**(if any) | **Component title at the Receiving Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion** |
|   |   |  |  |  |
|   |   |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  | **Total: …** |
| Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [*web link to the relevant information*] |

|  |  |
| --- | --- |
|   | ***Recognition at the Sending Institution*** |
| **Table B****Before the mobility** | **Component code** (if any) | **Component title at the Sending Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution** |
|   |   |  |  |  |
|   |   |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  | **Total: …** |
| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* |

Fair translation of grades must be ensured and the student has been informed about the methodology.

|  |  |
| --- | --- |
| **Student’s signature:** | **Date:** |

**We confirm that the proposed program of study/learning agreement is approved:**

**Home Instition:** Departmental Coordinator’s signature and date **Guest Institution:** Departmental Coordinator’s signature and date



**Changes to the original proposed Study Programme Abroad:**

Academic Year 20 / 20 winter term summer term

**Home Institution**

|  |  |
| --- | --- |
| Name of student |  |
| Name of university | Hochschule Düsseldorf , GERMANY |
| Faculty/Department |  |
| Study programme |  |

 **Guest Institution**

|  |  |
| --- | --- |
| Name of University |  |
| Faculty/Department |  |
| Country |  |
| **During the mobility** |
|  | ***Study Programme at the Receiving Institution*****Planned period of the mobility: from [month/year] ……………. to [month/year] ……………** |
| **Table A2****During the mobility** | **Component code**(if any) | **Component title at the Receiving Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion** |
|   |   |  |  |  |
|   |   |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  | **Total: …** |
| Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [*web link to the relevant information*] |

|  |  |
| --- | --- |
|   | ***Recognition at the Sending Institution*** |
| **Table B2****During the mobility** | **Component code** (if any) | **Component title at the Sending Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution** |
|   |   |  |  |  |
|   |   |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  | **Total: …** |
| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* |

|  |  |
| --- | --- |
| **Student’s signature:** | **Date:** |

**We confirm that the proposed program of study/learning agreement is approved:**

**Home Instition:** Departmental Coordinator’s signature and date **Guest Institution:** Departmental Coordinator’s signature and date