**LEARNING AGREEMENT**

**Hochschule Düsseldorf – University of Applied Sciences**

Academic Year 20 / 20 winter term summer term

**HOME INSTITUTION**

|  |  |
| --- | --- |
| Name of student |  |
| Name of university |  |
| Faculty/Department |  |
| Study programme |  |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

**GUEST INSTITUTION**

|  |  |
| --- | --- |
| Name of University |  |
| Faculty/Department |  |
| Country |  |

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| course unit code | course unit title | number of credits |
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Fair translation of grades must be ensured and the student has been informed about the methodology.

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| --- | --- |
| **Student’s signature:** | **Date:** |
| **Home Institution**  We confirm that the proposed study programme is approved | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of responsible person | | |
| **Guest Institution**  We confirm that the proposed study programme is approved | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of responsible person | | |

**Changes**

Academic Year 20 / 20 winter term summer term

**HOME INSTITUTION**

|  |  |
| --- | --- |
| Name of student |  |
| Name of university |  |
| Faculty/Department |  |
| Study programme |  |

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME ABROAD**

**GUEST INSTITUTION**

|  |  |
| --- | --- |
| Name of University |  |
| Faculty/Department |  |
| Country |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| course unit code | course unit title | deleted | added | number of credits |
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| --- | --- |
| **Student’s signature:** | **Date:** |
| **Home Institution**  We confirm that the proposed study programme is approved | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of responsible person | | |
| **Guest Institution**  We confirm that the proposed study programme is approved | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of responsible person | | |