



LEARNING AGREEMENT

ACADEMIC YEAR 20 /20 – STUDY PROGRAMME:

Name of student:	Matriculation No.:
Receiving institution: Universität Witten/Herdecke	Country: Germany

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Sending institution:	Country:
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UWE code	Course unit title	Professor	ECTS credits*
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If necessary, continue this list on a separate sheet. *The workload sums up the total of hours the course comprises including contact hours, hours for preparation, learning, and oral and written examinations. 1 ECTS credit point is awarded for 30 hours of workload.

Student's signature	Date:
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SENDING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
ERASMUS Coordinator's signature	
Date:	
Departmental coordinator's signature	
Date:	

RECEIVING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
ERASMUS Coordinator's signature	
Date:	
Departmental coordinator's signature	
Date:	

Name of student: Matriculation No.....

Sending institution: Country:

Receiving institution:Witten/Herdecke University ... Country: Germany

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

Course code	Course unit title	Deleted course unit	Added course unit	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"/>	

If necessary, continue this list on a separate sheet.

Student's signature
 Date:

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 Date:

Departmental coordinator's signature
 Date:

RECEIVING INSTITUTION
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ERASMUS Coordinator's signature
 Date:

Departmental coordinator's signature
 Date: