

Recognition Sheet

ACADEMIC YEAR 20 /20 STUDY PERIOD: from to

FIELD OF STUDY:

Name of student			
Matriculation Number		Student's e-mail	
Sending Institution	FH Aachen – University of Applied Sciences – D AACHEN02 Bayernallee 11, 52066 Aachen, Germany		
Faculty/Department of			
Study Course			
Departmental coordinator			
phone +49 241 6009-	fax +49 241 6009-	e-mail	@fh-aachen.de

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution		Country	
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at the receiving institution			at the sending institution		
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Number of credits	Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Number of credits

Print this page again if more pages are needed.

Student's signature <div style="text-align: right;">Date:</div>

Sending Institution: FH Aachen – University of Applied Sciences - D AACHEN02 We confirm that the learning agreement is accepted. Departmental coordinator's / Institutional coordinator's signature: <div style="float: right;">Date:</div>
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Receiving Institution: We confirm that the learning agreement is accepted. Departmental coordinator's / Institutional coordinator's signature: <div style="float: right;">Date:</div>
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Name of student	
Matriculation Number	
Sending Institution	FH-Aachen – University of Applied Sciences – D AACHEN02 Bayernallee 11, 52066 Aachen, Germany

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

At the receiving institution			deleted course unit	added course unit	At the sending institution		
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Number of credits			Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Number of credits
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Print this page again if more pages are needed.

Student's signature	Date:
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Sending Institution: FH Aachen – University of Applied Sciences – D AACHEN02	
We confirm that the learning agreement is accepted.	
Departmental coordinator's / Institutional coordinator's signature:	Date:

Receiving Institution:	
We confirm that the learning agreement is accepted.	
Departmental coordinator's / Institutional coordinator's signature:	Date: