

LEARNING AGREEMENT

ACADEMIC YEAR 20...../20.....

Study Period: Summer semester Winter semester

FIELD OF STUDY:

This form should be completed in BLACK and BLOCK letters in order to be easily copied and/or telefaxed

Sending Institution (name, full address, country):			
Faculty / Department of:			
Study Course:			
ECTS – Departmental coordinator:			
Tel.:		Fax:	E-mail:
Receiving Institution (name, full address, country): <u>FH Aachen - University of Applied Science -</u> <u>D Aachen 02, Kalverbenden 6, D - 52066</u>			
Faculty / Department of: <u>Wirtschaftswissenschaften / Business Studies</u>			
Study Course:			
ECTS – Departmental coordinator: <u>Professor Dr. oec. Bernd P. Pietschmann (im Auftrag Oliver Fuchs)</u>			
Tel.: <u>+49/241/6009-51903</u>		Fax: <u>+49/241/6009-52281</u>	E-mail: <u>fuchs@fh-aachen.de</u>
Name of Student:			
Matriculation number:			

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/ LEARNING AGREEMENT

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/ spring)	Number of ECTS credits

If necessary, continue the list on a separate sheet.

STUDENT'S SIGNATURE:	Date :
SENDING INSTITUTION: 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:



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CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course Unit code (if any) and page no. of the information package	Title of the course unit (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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue the list on a separate sheet.

STUDENT'S SIGNATURE:	Date :
SENDING INSTITUTION: We confirm that the learning agreement is accepted.	
Departmental coordinator's/ Institutional coordinator's signature:	Date:
RECEIVING INSTITUTION: FH Aachen – University of Applied Sciences	
We confirm that the learning agreement is accepted.	
Departmental coordinator's/ Institutional coordinator's signature:	Date:

