# European Credit Transfer System (ECTS) LEARNING AGREEMENT



ACADEMIC YEAR 20 /20 – STUDY PERIOD: from to

**FIELD OF STUDY:** 

Name of student:

Matriculation Number: Student's e-mail address:

Sending Institution: FH Aachen – University of Applied Sciences Bayernallee 11, 52066 Aachen, Germany

Faculty/Department of

Receiving institution:

Study Course:

Departmental coordinator:

Tel.: +49 241 6009- Fax: +49 241 6009- e-mail:

#### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Country:

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

### Print this page again if more pages are needed.

Student's signature:	
	Date:

## SENDING INSTITUTION — FH Aachen - University of Applied Sciences

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:



Name of student:
Matriculation Number:
Sending Institution: EH Aachen - University of Applied Sciences

Sending Institution: FH Aachen – University of Applied Sciences Bayernallee 11, 52066 Aachen, Germany

## CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue at receiving	Course unit (as indicated in the course catalogue) at receiving institution	Number of credits at receiving institution	Deleted course unit	Added course unit	Course unit code at sending institution	Course unit (as indicated in the course catalogue) at sending institution	Number of credits at sending institution				
institution											
Print this page again if more pages are needed.  Student's signature:											
Date:											
SENDING INSTITUTION — FH Aachen - University of Applied Sciences We confirm that the above-listed changes to the initially accepted learning agreement are approved. Departmental coordinator's / Institutional coordinator's signature:											
Date:											
RECEIVING INSTITUTION  We confirm that the above-listed changes to the initially accepted learning agreement are approved.  Departmental coordinator's / Institutional coordinator's signature:											
Date:											