

## LEARNING AGREEMENT FOR EXCHANGE STUDENTS

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

(Please, fill out this form digitally)

**Name of Student:** .....

**Field of study:** .....

**Sending institution:** ..... **Country:** .....

### DETAILS OF THE PROPOSED STUDY PROGRAMME AT TUHH

Course unit title /name of module (as indicated in the course catalogue of TUHH)	Number of ECTS credits
1 .....	.....
2 .....	.....
3 .....	.....
4 .....	.....
5 .....	.....
6 .....	.....
7 .....	.....
8 .....	.....

if necessary, continue the list on a separate sheet

Date, student's signature: .....

### SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Institutional or Departmental Coordinator:

Date, signature, seal / stamp: .....

### RECEIVING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved. Please be aware of the fact that changes might be necessary because the final study programme is subject to change until the start of the lecture period.

Departmental Coordinator:

Date, signature, seal / stamp : .....

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit title (as indicated at the university home page)	Deleted course unit	Added course unit	Number of ECTS credit
.....	<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"/>	.....
.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

if necessary, continue this list on a separate sheet

Date, student's signature: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Institutional or Departmental Coordinator:

Date, signature, seal / stamp: .....

**RECEIVING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator:

Date, signature, seal / stamp : .....