

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
E-mail		Academic year	
Study cycle (Bachelor/Master/PhD)		Study programme	

The Sending Institution

Name	Technische Hochschule Mittelhessen	Faculty	
Address	Wiesenstrasse 14	Country, Country code	Germany, D
Contact person name		Contact person e-mail / phone	

The Receiving Institution

Name		Faculty	
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

I. PROPOSED MOBILITY PROGRAMME

Table A: Study programme abroad

Course title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
		Total:

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad

Course title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
		Total:

II. RESPONSIBLE PERSONS

The student

Student's signature

Date:

Responsible person in the sending institution (TH Mittelhessen):

Name:

Function:

Phone number:

E-mail:

Responsible person's signature

Date:

Responsible person in the receiving institution:

Name:

Function:

Phone number:

E-mail:

Responsible person's signature

Date:

III. During the Mobility

Component title at the Sending Institution	Deleted/Added component	Number of ECTS credits

III.a RESPONSIBLE PERSONS

The student	
Student's signature	Date:

Responsible person in the sending institution (TH Mittelhessen):	
Name:	Function:
Phone number:	E-mail:
Responsible person's signature	Date:

Responsible person in the receiving institution:	
Name:	Function:
Phone number:	E-mail:
Responsible person's signature	Date: