

**PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

Study Cycle

Bachelor Master

Name of Student Field of studies

Start Mobility month/year End Mobility month/year Language of Instruction at Receiving Institution

Name Receiving Institution Contact person, name and e-mail

**Courses at Host Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Course unit code | Course unit title in order of priority and semester | Semester  1 = WS  2 = SS | Numbers of credits/ Hours per week |
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**Courses that can possibly\* be recognized at Home University (Anhalt University)**

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| --- | --- | --- | --- | --- |
| Course can be possibly recognized as | Name of the Course/Module | Semester  1 = WS  2 = SS |  | Numbers of ECTS Credits |
|  |  |  | \*\* |  |
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|  |  |  | \*\* |  |

\*The final recognition will be made after the successful completion of the courses.

\*\*Recognition will not apply because the student has already accumulated the number of credits for his/her degree or because he/she wishes to take the course as a complement to his/her degree, beyond the courses required for his/her degree program.

Student’s signature

.................................................................. Date:......................................

**SENDING INSTITUTION**

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

Departmental ECTS coordinator’s/ study programme coordinator or other person responsible for student mobility

........................................................................

Date: ............................................. (print name).....................................................

**RECEIVING INSTITUTION**

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

Departmental coordinator’s signature or other person responsible for student mobility

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Date: ............................................. (print name).....................................................

**CHANGES TO ORIGINALLY PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course unit code | Course unit title | Semester  1 = WS  2 = SS | Deleted  course unit | Added course unit | Numbers of credits/ hours per week |
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| --- | --- | --- | --- |
| Course can be recognized as | Name of the Course/Module | Semester  1 = WS  2 = SS | Numbers of ECTS  credits |
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The final recognition will be made after the successful completion of the courses.

If necessary, continue this list on a separate sheet

Student’s signature

.................................................................. Date:......................................

**SENDING INSTITUTION**

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

Departmental ECTS coordinator’s/ study programme coordinator or other person responsible for student mobility

........................................................................

Date: ............................................. (print name).....................................................

**RECEIVING INSTITUTION**

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

Departmental coordinator’s signature or other person responsible for student mobility

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Date:............................................... (print name).....................................

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. The sending institution commits to recognize all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student’s degree as described in Table B. The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility program, responsible persons and/ or study period.