

LEARNING AGREEMENT for NON-European Partner Universities

Academic Year 20 ___ / ___

Field of Studies:

Name of student:	
Sending institution:	Country:

A) Details of the proposed study programme abroad

Receiving institution: : Fachhochschule Dortmund/ University of Applied Sciences and Arts	Country: Germany
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Course unit code (if any)	Course unit title	Number of credits*
if necessary, continue the list on a separate sheet		Total: _____

Fair translation of grades must be ensured and the student has been informed about the methodology.

* *country-specific*

B) Details of recognition at home institution

Course unit code (if any)	Course unit title*	Number of ECTS credits
if necessary, continue the list on a separate sheet		Total: _____

* If the study is a mobility window please insert "Mobility Window"

Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties.

Sending and Receiving Institutions undertake to apply all the principles agreed in the Inter-Institutional Agreement. The Sending Institution and the student should also commit to what is set out in the grant agreement.

The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student.

The Sending Institution commits to recognise 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. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Student's signature: _____

Date: _____

SENDING INSTITUTION

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

Date: _____

Place: _____

Departmental coordinator's name: _____

Departmental coordinator's signature: _____

RECEIVING INSTITUTION

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

Date: _____

Place: _____

Departmental coordinator's name: _____

Departmental coordinator's signature: _____