

Learning Agreement for students from partner universities

Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Receiving Institution	Name	Faculty/Department	Erasmus code	Address	Country	Contact person name; email; phone	
	Fachhochschule Südwestfalen		D ISERLOH01		Germany		
Sending Institution	Name	Faculty/ Department	Erasmus code	Address	Country	Contact person name; email; phone	

Before the mobility

Study Programme at FACHHOCHSCHULE SÜDWESTFALEN					
Planned period of the mobility: from [month/year] to [month/year]					
Table A Before the mobility	Component code	Component title at the Receiving Institution	winter/summer Semester	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion	
					Total:

The level of language competence in ENGLISH that the student already has or agrees to acquire by the start of the study period is:
A1 A2 B1 B2 C1 C2 Native speaker

Recognition at the Sending Institution					
Table B Before the mobility	Component code	Component title at the Sending Institution	winter/summer Semester	Number of ECTS credits to be recognised by the Sending Institution / Signature	
					Total:

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. 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.

The student confirms that his/her language skills enable him/her to follow the chosen modules and sit the respective exams at the end of the study period.

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the Sending Institution			Head of Examination Board		
Responsible person at the Receiving Institution					