

## **Learning Agreement for Outgoing Students**

at Partner Universities (no	t funded by Erasn	nus) 🗌 Freem	over	
Academic Yo	ear:			
Student	Receiving	g Institutio	n	
Name of Student :	University:			
Matriculation Number :	Faculty/Departn	nent:		
E-Mail:	Country:			
Field of Studies (in Paderborn):	Departmental C	oordinator at Pad	erborn Unive	ersity:
Study Cycle: Bachelor C Master C				
Web link to course catalogue:	Period of Mobili	ty: From	1	till
Study Programme at the Receiving Institution	n - Table A - B	EFORE THE	MOBILIT	Υ
No. Component title at the Receiving Institution (as indicated in the course catalogue)	on		Semeste (e.g. autur spring terr	mn/ credits*
If necessary, to be continued on Page No. 2 of this do	cument			Total:
Recognition at the Sending Institution - Table	B - BEFORE	THE MOBIL	ITY	
Ref. No. Component title at the Sending Institutio Table A (as indicated in the course catalogue)	n	Semester (e.g. autumn/ spring term)		Signature and seal
If necessary, to be continued on Page No. 2 of this d	ocument		Total:	

\* Number of ECTS/ local credits to be awarded by the Receiving Institution upon successful completion 
\*\* Number of ECTS credits (or equivalent) to be recognised by the Sending Institution. **Only if relevant: PL or SL/OT** 

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Student's Name:	
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## Study Programme at the Receiving Institution - Table A - BEFORE THE MOBILITY

(Continuing, if necessary, Table A on Page No. 1 of this document)

No.	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester (e.g. autumn/ spring term)	ECTS/local credits*
			Total:

## Recognition at the Sending Institution- Table B - BEFORE THE MOBILITY

(Continuing, if necessary, Table B on Page No. 1 of this document)

Ref. No. Table A	Component title at the Sending Institution (as indicated in the course catalogue)	Semester (e.g. autumn/ spring term)	ECTS**	Signature and seal
			Total:	

The Sending Institution commits to recognise all the credits gained at the Receiving Institution for successfully completed educational components and to count them towards the student's degree as described in Table B. The student will communicate to Sending Institution any problems or changes regarding the proposed study programme.

Student	•	sable Person at Sending Institution at the proposed Learning Agreement is approved.
Date/Signature Student:	Name: Position: E-Mail: Date/Signature:	

<sup>\*</sup> Number of ECTS/ local credits to be awarded by the Receiving Institution upon successful completion

<sup>\*\*</sup> Number of ECTS credits (or equivalent) to be recognised by the Sending Institution. Only if relevant: PL or SL/OT



I	Exceptional changes to Table	e A - Tab	le A2 - I	DURIN	IG THE	MOBILIT	Υ	
No.	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted comp.	Added comp.	Reas	on for (	change		ECTS/ local credits Number of ECTS credits
				other:				
				other:				
				other:				
				other:				
				other:				
	If necessary, to be continued on Page No. 4 of this document							Total:
Exc	eptional changes to Table B	(if applic	able) T	able E	32 - DU	RING THE	MOBILIT	Y
ef. No. Table	Component title at the Send Institution			eleted mp.	Added comp.	ECTS*	Signatur	e and seal

Ref. No. in Table A2	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted comp.	Added comp.	ECTS*	Signature and seal
	If necessary, to be continued on Page No. 4 of this document			Total:	
The Stude	nt and the Sending Institution confirm the	at they approv	e the n	ronosed a	mendments to

The Student and the Sending Institu	tion confirm that	they approve the proposed amendments to
the mobility programme.		
71 9		
The Student	Doto	Cianaturo
The Student	Date:	Signature:
Name of Responsible Person		
at the Sending Institution	Date:	Signature:

<sup>\*</sup> Number of ECTS credits (or equivalent). Only if relevant: PL or SL/QT



Student's Name:	
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## **Exceptional changes to Table A - Table A2 - DURING THE MOBILITY** (Continuing, if necessary, Table A2 on Page No.3 of this document )

No.	Rec	nponent title at the eiving Institution dicated in the course catalogue)	Deleted comp.	Added comp.	Reaso	n for ch	nange		ECTS/local credits Number of ECTS credits
					other:				
					other:				
					other:				
					other:				
					other:				
		essary, to be continued on Page of this document							Total:
Ref. I	No.	Component title at the Sel Institution (as indicated in the course catalo	nding		Deleted	Added comp.	ECTS*	Signatu seal	re and
		If necessary, to be continued on I	Page				Total:		
The St	udent a			e the prop		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		y programme	
	udent a	No. 4 of this document		e the prop	osed amer	ndments to		y programme	

<sup>\*</sup> Number of ECTS credits (or euivalent). Only if relevant: PL or SL/QT