ECTS-LEARNING AGREEMENT
ACADEMIC YEAR 20__/__

FIELD OF STUDY: __________________________________________________________

Name of student: ........................................................................................................

Period of study (dates) from ___________ to ___________

Sending institution: Hochschule Offenburg  
Country: Germany  

DETAILS OF THE PLANNED STUDY PROGRAM ABROAD/LEARNING AGREEMENT

<table>
<thead>
<tr>
<th>Receiving institution</th>
<th>Erasmus code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hochschule Offenburg</td>
<td>D OFFENBU01</td>
<td>Germany</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course unit code (if any)</th>
<th>Course unit title at the receiving institution</th>
<th>Number of ECTS Credits (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If necessary, continue this list on a separate sheet.

Date

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

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

Student’s signature

SENDING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator’s signature

International coordinator’s signature

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

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

Date

Date

RECEIVING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator’s signature

International coordinator’s signature

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

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

Date

Date

Name of student:

Period of study (dates) from to

Sending institution Erasmus code Country

**CHANGES TO ORIGINAL PLANNED STUDY PROGRAM/LEARNING AGREEMENT**

<table>
<thead>
<tr>
<th>Course unit code (if any)</th>
<th>Course unit title at the receiving institution</th>
<th>Deleted course unit</th>
<th>Added course unit</th>
<th>Number of ECTS Credits (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Student’s signature

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

**SENDING INSTITUTION:**

We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator’s signature International coordinator’s signature

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

Date Date

**RECEIVING INSTITUTION:**

We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator’s signature International coordinator’s signature

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

Date Date