**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex [*M/F*] |  | Academic year | 20../20.. |
| Study cycle |  | Subject area |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Address |  | Department |  |
| Contact person name |  | Country |  |
| Contact person e-mail |  | Contact person phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Osnabrück UAS | Faculty | Engineering and Computer Science |
| Address | Albrechtstraße 30 D-49076 Osnabrück | Department | International Faculty Office |
| Contact person  name |  | Country | Germany |
| Contact person e-mail |  | Contact person  phone |  |

**RESPONSIBLE PERSONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible person in the sending institution:** | | | |
| Name: |  | Function: |  |
| E-mail: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible person in the receiving institution:** | | | |
| Name: |  | Function: | Dean of Studies |
| E-mail: |  |  |  |

#### **MOBILITY PROGRAMME**

Planned period of the mobility: from [month/year] ……………. till [month/year] ……………

This Learning Agreement includes all the educational components to be carried out by the student   
at the receiving institution.

|  |  |  |
| --- | --- | --- |
| **Module title at the receiving institution** | **Module title at the sending institution** | **Number of ECTS credits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Total:** |

**COMMITMENT OF THE THREE PARTIES**

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 student**  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature Date: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date: |