**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 | Osnabrück UAS | Faculty | Engineeringand ComputerScience |
| Address | Albrechtstraße 30D-49076 Osnabrück | Department | InternationalFaculty Office |
| Contact person name | Maria Kiebert | Country | Germany |
| Contact person e-mail  | m.kiebert@hs-osnabrueck.de  | Contact person phone | +49 (0) 541 969-3730 |

**THE RECEIVING INSTITUTION**

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

**RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person in the sending institution:**  |
| Name: |  | Function: | Dean of Studies |
| e-mail: |  |  |  |

|  |
| --- |
| **Responsible person in the receiving institution:** |
| Name: |  | Function: |  |
| 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:  |