

# 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	Engineering and Computer Science
Address	Albrechtstraße 30 D-49076 Osnabrück	Department	International Faculty 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.

<b>Module title at the receiving institution</b>	<b>Module title at the sending institution</b>	<b>Number of ECTS credits</b>
		<b><u>Total:</u></b>

**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.

<b>The student</b> Student's signature _____ Date: _____
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<b>The sending institution</b> Responsible person's signature _____ Date: _____
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<b>The receiving institution</b> Responsible person's signature _____ Date: _____
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