

Learning Agreement for Outgoing Students

at Partner Universities (not funded by Erasmus) Freemover

Academic Year:

<p>Student</p> <p>Name of Student : <input style="width: 90%;" type="text"/></p> <p>Matriculation Number : <input style="width: 90%;" type="text"/></p> <p>E-Mail: <input style="width: 90%;" type="text"/></p> <p>Field of Studies (in Paderborn): <input style="width: 90%;" type="text"/></p> <p>Study Cycle: Bachelor <input type="radio"/> Master <input type="radio"/></p> <hr style="border-top: 1px dashed black;"/> <p>Web link to course catalogue: <input style="width: 95%;" type="text"/></p>	<p>Receiving Institution</p> <p>University: <input style="width: 95%;" type="text"/></p> <p>Faculty/Department: <input style="width: 95%;" type="text"/></p> <p>Country: <input style="width: 95%;" type="text"/></p> <p>Departmental Coordinator at Paderborn University: <input style="width: 95%;" type="text"/></p> <p>Period of Mobility: From <input style="width: 20%;" type="text"/> till <input style="width: 20%;" type="text"/></p>
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Study Programme at the Receiving Institution - Table A - BEFORE THE MOBILITY

No.	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester (e.g. autumn/ spring term)	ECTS/local credits*
	If necessary, to be continued on Page No. 2 of this document		Total: <input style="width: 40px;" type="text"/>

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

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
	If necessary, to be continued on Page No. 2 of this document		Total: <input style="width: 40px;" type="text"/>	

* 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**

Student's Name:

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: <input type="text"/>

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: <input type="text"/>	

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	Responsible Person at Sending Institution We confirm that the proposed Learning Agreement is approved.
Date/Signature Student:	Name: <input type="text"/> Position: <input type="text"/> E-Mail: <input type="text"/> Date/Signature: <input type="text"/>

* 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**

Student's Name:

Exceptional changes to Table A - Table A2 - DURING THE MOBILITY

No.	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted comp.	Added comp.	Reason for change	ECTS/ local credits Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
	If necessary, to be continued on Page No. 4 of this document				Total: <input type="text"/>

Exceptional changes to Table B (if applicable) Table B2 - DURING THE MOBILITY

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
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	If necessary, to be continued on Page No. 4 of this document			Total: <input type="text"/>	

The Student and the Sending Institution confirm that they approve the proposed amendments to the mobility programme.

The Student

Date:

Signature:

Name of Responsible Person at the Sending Institution

Date:

Signature:

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

Student's Name:

Exceptional changes to Table A - Table A2 - DURING THE MOBILITY

(Continuing, if necessary, Table A2 on Page No.3 of this document)

No.	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted comp.	Added comp.	Reason for change	ECTS/local credits Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other: <input type="text"/>	
	If necessary, to be continued on Page No. 4 of this document				Total: <input type="text"/>

Exceptional changes to Table B (if applicable) Table B2 - DURING THE MOBILITY

(Continuing, if necessary, Table B2 on Page No.3 of this document)

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
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	If necessary, to be continued on Page No. 4 of this document			Total: <input type="text"/>	

The Student and the Sending Institution confirm that they approve the proposed amendments to the mobility programme.

The Student

Date:

Signature:

Name of Responsible Person at the Sending Institution

Date:

Signature:

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