Hochschule Neubrandenburg
University of Applied Sciences

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

Academic Year Please select... **Field of study: .....**

Name of student: .....

Sending institution: ..... Country: ……

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: **Hochschule Neubrandenburg** Country: **Germany**

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
	if necessary, continue the list on a separate sheet	

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student's signature: ….. Date: .....

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Date: ..... Date: .....

Place: …… Place: ……

Departmental coordinator's signature: Institutional coordinator's signature:

....

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Date: ..... Date: .....

Place: …… Place: ……

Departmental coordinator's signature: Institutional coordinator's signature:

....

Hochschule Neubrandenburg
University of Applied Sciences

Name of student:.....
Sending institution: ……..... Country:…….....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……
……	……	○	◉	……

If necessary, continue this list on a separate sheet.

Student's signature: ..... Date: .....

SENDING INSTITUTION

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

Date: ..... Date: .....

Place: …… Place: ……

Departmental coordinator's signature: Institutional coordinator's signature:

....

RECEIVING INSTITUTION

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

Date: ..... Date: .....

Place: …… Place: ……

Departmental coordinator's signature: Institutional coordinator's signature:

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