

LEARNING AGREEMENT

Period of study: winter semester 20____ (1 October - 15 February)
 summer semester 20____ (15 March - 31 July)

Name of student:

Sending institution:

Country:

A. DETAILS OF THE PROPOSED STUDY PROGRAM AT HSWT

Module code	Module title	ECTS credits
Total number of ECTS		

This is a provisional Learning Agreement. Some modules may not be available and you might have to modify the Learning Agreement upon arrival. (If necessary, continue the list on a separate sheet)

..... Date Student's signature
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SENDING INSTITUTION

I confirm that the proposed program of study/learning agreement is approved.	
..... Date Signature of representative of home institution

RECEIVING INSTITUTION - Weihenstephan-Triesdorf University of Applied Sciences

I confirm that the proposed program of study/learning agreement is approved.	
..... Date Departmental coordinator's signature

Name of student:

Sending institution:

Country:

B. CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM (ONLY if applicable)

Module code	Module title	Deleted course unit	Added course unit	ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
New total ECTS				

(If necessary, continue the list on a separate sheet)

..... Date Student's signature
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SENDING INSTITUTION

I confirm that the proposed program of study/learning agreement is approved.	
..... Date Signature of representative of home institution

RECEIVING INSTITUTION - Weihenstephan-Triesdorf University of Applied Sciences

I confirm that the proposed program of study/learning agreement is approved.	
..... Date Departmental coordinator's signature