**LEARNING AGREEMENT FOR STUDIES**

 **TUDworldwide**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality |  |
| Gender [*M/F/Other*] |  | Academic year | 20…./20.... |
| Study cycle |  |  |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Country |  | Department |  |
| Address |  | Contact personname |  |
| Contact persone-mail |  | Contact personphone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Faculty |  |
| Country |  | Department |  |
| Address |  | Contact personname |  |
| Contact persone-mail |  | Contact personphone |  |

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| **Language competence of the student**The level of language competence that the student already has or agrees to acquire by the start of the study period is:English none 🞏 A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏Other: \_\_\_\_\_\_\_\_\_none 🞏 A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

**PROPOSED STUDY PROGRAMME at the Receiving Institution**

Planned period of the mobility: from [month/year] …………… till [month/year] ……………

**Table A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)**  | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring][or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
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|  |  |  | Total: ………… |

**Recognition at the Sending Institution**

**Table B**

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)**  | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [autumn / spring][or term]** | **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution** |
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|  |  |  | Total: ………… |

**RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person in the receiving institution:**Name: Function:Phone number: E-mail:Signature: |
| **Responsible person in the sending institution/home university** Name: Function:Phone number: E-mail:Signature: |
| **The student**Student’s signature: Date: |