

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM - LEARNING AGREEMENT

Academic Year 12/13

Studienzeit:  Sommer 20  Winter 20 /20

Fachsemester: \_\_\_\_\_

Name des Studenten / name of student: \_\_\_\_\_ Matr.Nr: \_\_\_\_\_  
 Studiengang / Field of study: \_\_\_\_\_ Fachbereich / Department: \_\_\_\_\_

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Heimatochschule / Sending Institution: Beuth Hochschule für Technik Berlin

Gasthochschule / Receiving Institution: \_\_\_\_\_

Land / Country: Germany

Land / Country: \_\_\_\_\_

Kurs Nr. Course Nr.	Kursbezeichnung / Course title Heimathochschule / Sending Institution	Credits	ECTS	Kurs Nr. Course Nr.	Kursbezeichnung / Course title Gasthochschule / Receiving Institution	Credits	ECTS

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.

Unterschrift des Studenten / Student's signature: \_\_\_\_\_ Datum / Date: \_\_\_\_\_

**Heimathochschule / Sending Institution:** We confirm that the proposed programme of study/learning agreement is approved.

\_\_\_\_\_  
**Datum, Unterschrift / Date, Signature**  
 Auslandsbeauftragter d. FB / Departmental coordinator

\_\_\_\_\_  
**Datum, Unterschrift / Date, Signature**  
 Beauftragter f. Anerkennung v. Studienleistung/  
 Commissary for validation of studies

\_\_\_\_\_  
**Datum, Unterschrift / Date, Signature**  
 Auslandsamt / Institutional coordinator

**Gasthochschule / Receiving Institution:** We confirm that the proposed programme of study/learning agreement is approved.

\_\_\_\_\_  
**Datum, Unterschrift / Date, Signature**  
 Auslandsbeauftragter d. FB / Departmental coordinator

\_\_\_\_\_  
**Datum, Unterschrift / Date, Signature**  
 Auslandsamt / Institutional coordinator

Name des Studenten / name of student: \_\_\_\_\_ Matr.Nr: \_\_\_\_\_  
 Studiengang / Field of study: \_\_\_\_\_ Fachbereich / Department: \_\_\_\_\_

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

Kurs Nr. Course Nr.	Kursbezeichnung / Course title Heimathochschule / Sending Institution	Credits	ECTS	Kurs Nr. Course Nr.	Kursbezeichnung / Course title Gasthochschule / Receiving Institution	Credits	ECTS

If necessary, continue the list on a separate sheet

Unterschrift des Studenten / Student's signature: \_\_\_\_\_ Datum / Date: \_\_\_\_\_

**Heimathochschule / Sending Institution:** We confirm that the proposed programme of study/learning agreement is approved.

_____ <b>Datum, Unterschrift / Date, Signature</b> Auslandsbeauftragter d. FB / Departmental coordinator	_____ <b>Datum, Unterschrift / Date, Signature</b> Beauftragter f. Anerkennung v. Studienleistung/ Commissary for validation of studies	_____ <b>Datum, Unterschrift / Date, Signature</b> Auslandsamt / Institutional coordinator
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**Gasthochschule / Receiving Institution:** We confirm that the proposed programme of study/learning agreement is approved.

_____ <b>Datum, Unterschrift / Date, Signature</b> Auslandsbeauftragter d. FB / Departmental coordinator	_____ <b>Datum, Unterschrift / Date, Signature</b> Auslandsamt / Institutional coordinator
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