

SOCRATES/ERASMUS LEARNING AGREEMENT

ACADEMIC YEAR 20/20 FIELD OF STUDY:										
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Sending institution: GIESSEN 01 Country: D										
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT (print or block letters!)										
Receiving institution:										
Country:										
Course unit code and page no. of the information package (if applicable)	Course unit title (as indicated in the information package) in order of priority and semester		Semester e.g. 1 or 2	Numbers of ECTS credits/hours per week						
If necessary, continue this list on a separate sheet										
Student's signature										
Student & Signature										
Date:										
SENDING INSTITUTI										
We confirm that this proj	posed programme of study/learns	ing agreem	ent is appro	oved.						
Departmental coordinator's signature		Institutional coordinator's signature								
				••••						
(print name)		(print name)								
Date:		Date:								
RECEIVING INSTITU	JTION									
We confirm that this proposed programme of study/learning agreement is approved.										
Departmental coordinator's signature		Institutional coordinator's signature								
(print name)			(print name)							
Date:			Date:							

Name of Student								
Sending institution: G		ntry: D						
CHANGES TO ORIO (to be filled in ONLY	GINALLY PROPOSED STUDY if appropriate)	PROGRAM	IME/LEA	ARNING	G AGREEMENT			
Course unit code	Course unit title (as indicated in	Semester	Deleted	Added	Numbers of			
and page no. of the	the information package)	e.g.	course	course	ECTS credits/			
information package		1 or 2	unit	unit	hours per week			
(if applicable)		+						
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Student's signature		If fiecessary,	continue un	s list oli a	separate sheet			
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		Date:						
CENDING INCOME	THON							
SENDING INSTITU	TION							
We hereby confirm	the above-listed changes to the	initially ag	reed prog	gramme	of study/learning			
agreement are approve	ed.							
Danartmantal acordina	otor's signature	Institutions	al acception	ator'a aic	rnoturo			
Departmental coordinate	ator's signature	Institutiona	ai coordina	ator 8 sig	gnature			
(print name)		(print name)						
Date:		Date:						
RECEIVING INSTI	TUTION							
RECEIVING INSTI								
•	the above-listed changes to the	initially ag	reed prog	gramme	of study/learning			
agreement are approve	ed.							
Departmental coordinator's signature		Institutional coordinator's signature						
	wor a argumente	11150100010110			,			
(print name)		(print name)						
Date:		Date:						