

## Learning Agreement

\_\_\_\_\_     /    
Field of Study Academic Year

\_\_\_\_\_ \_\_\_\_\_  
Family Name of Student First Name(s) of Student

Sending Institution: Hochschule für Technik und Wirtschaft Berlin  
Country: Germany

## Details of the proposed study programme abroad / learning agreement

Receiving Institution		Country
Course / Unit Code	Course / Unit title	ECTS

\*If necessary, continue the list on a separate sheet

\_\_\_\_\_ \_\_\_\_\_  
Place, Date Signature of the Student

### Sending Institution

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

\_\_\_\_\_ \_\_\_\_\_  
Place, Date Signature of the Departmental Coordinator

\_\_\_\_\_ \_\_\_\_\_  
Place, Date Signature of the Institutional Coordinator

### Receiving Institution

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

\_\_\_\_\_ \_\_\_\_\_  
Place, Date Signature of the Departmental Coordinator

\_\_\_\_\_ \_\_\_\_\_  
Place, Date Signature of the Institutional Coordinator

## Changes to original proposed study programme/ learning agreement

(ONLY if necessary)

\_\_\_\_\_  
Family Name of Student

\_\_\_\_\_  
First Name(s) of Student

Sending Institution: Hochschule für Technik und Wirtschaft Berlin

Country: Germany

Course / Unit Code	Course / Unit title	Add Course / Unit	Delete Course / Unit	ECTS
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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\*If necessary, continue the list on a separate sheet

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the Student

### Sending Institution

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

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the Departmental Coordinator

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the Institutional Coordinator

### Receiving Institution

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

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the Departmental Coordinator

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the Institutional Coordinator