

## Learning Agreement

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

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

\_\_\_\_\_   
Sending Institution Country

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

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

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

