

**Learning Agreement for Studies**

**(questions marked RED will be filled out by HS Kaiserslautern)**

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| **The Student** |
| *Family name(s)* |  |
| *First name(s)* |  | *Sex* |  |
| *Phone* |  | *Date of birth* | **dd.mm.yyyy** |
| *E-Mail* |  | *Nationality* |  |
| *Study cycle* |  | *Academic year* |  |
| *Study programme* |  | *Reg. Number* |  |
| *Subject area* |  |

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| **The Sending Institution** |
| *Name* |  |
| *ERASMUS Code* |  | *Country code* |  |
| *Address* |  |
| *Institutional Coordinator* |  |
| *Department* |  |

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| **The Receiving Institution** |
| *Name* | **HS Kaiserslautern – University of Applied Sciences** |
| *ERASMUS Code* | **D KAISERS02** | *Country code* | **DE** |
| *Address* | **Morlauterer Str. 31, 67657 Kaiserslautern, Germany** |
| *Institutional contact*  | **Prof. Dr. Albert Meij, albert.meij@hs-kl.de****Phone +49 631 3724 2133; Fax +49 631 3724 2257** |
| *Department* |  |
| *Departmental contact*  |  |

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| **I. Proposed Mobility Programme** |
| Planned period of the mobility: from **month/year** till **month/year.** |
| This Learning Agreement includes all the educational components to be carried out by the student at the receiving institution. |

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| **Table A: Study Programme Abroad** |
| Pos | 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 of the component |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **Total** |  |
| Web Link to the course catalogue at the receiving institution: |
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| If successfully completed, the educational components of the study programme abroad will be recognised by the sending institution in the following way: Table B. |

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| **Table B: Set of Components to be Replaced at Sending Institution** |
| 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 to be awarded by the sending institution upon successful completion of the component | Comp. will be replaced by Table A, pos. x  | Name of resp. professor | Signature |
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| **Total** |  |  |  |
| In case some educational components would not be successfully completed by the student, the following provisions will apply: |  |  |
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| **Language Competence of the Student** |
| The level of language competence in **language of instruction**  that the student already has or agrees to acquire by the start of the study period (for the above-mentioned dates) is: |
| **A1****[ ]  A2****[ ]  B1****[ ]  B2****[ ]  C1****[ ]  C2****[ ]**  |

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| **II. Responsible Persons** |
| Responsible person in the sending institution |
| Name |  |
| Function |  |
| Phone |  |
| E-Mail |  |
| Responsible person in the receiving institution |
| Name |  |
| Function |  |
| Phone |  |
| E-Mail |  |

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| **III. Commitment of the Three Parties** |
| By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period. |
| The Student | Signature |  |
|  | Date |  |
| The Sending Institution | Responsible person’s signature |  |
|  | Date |  |
| The Receiving Institution | Responsible person’s signature |  |
|  | Date |  |