

LEARNING AGREEMENT FOR STUDIES

The Student

Last name(s)		First name(s)	
Date of birth		Nationality	
Sex		Academic year	
Study cycle		Subject area	
Phone number		E-mail address	

The Sending Institution (Home Institution)

Name			
Faculty		Department	
Address		Country	
Contact person's name		E-mail address/ phone number	

The Receiving Institution (Host Institution)

Name		Faculty	
Department			
Address		Country	
Contact person's name		E-mail address/ phone number	

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAM

Planned period of the mobility: from [month/year] _____ until
[month/year] _____

Table A: Study Program at KU

#	Component code (if any)	Component title (as indicated in the course catalog) at the host institution	Semester [autumn / spring]	Number of credit points to be awarded by the host institution upon successful completion
1				
2				
3				
4				
5				
6				
7				
8				
9				
				Total: credit points

Link to the course catalog at the receiving institution describing the learning outcomes:

II. RESPONSIBLE PERSONS

Responsible person at the home institution:

Name: _____ Function: _____

Phone number: _____ E-mail: _____

III. COMMITMENT OF THE TWO PARTIES

By signing this document, the student and the sending institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

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. Any exceptions to this rule are documented in an annex to this Learning Agreement and agreed by all parties.

The student will communicate to the sending institution any problems or changes regarding the proposed mobility program, responsible persons and/or study period.

The student

Student's signature _____ Date: _____

The home institution

Responsible person's signature & office stamp

_____ Date: _____

The host institution

Katholische Universität Eichstätt-Ingolstadt (KU)

Responsible person's signature & office stamp

_____ Date: _____