

**Westfälische Wilhelms-Universität Münster**  
**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

**Academic Year** \_\_\_\_\_

**Field of Study:** \_\_\_\_\_

Name of student:		
Sending Institution		Country:

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

**RECEIVING INSTITUTION**

Name of University / Institution: \_\_\_\_\_

Faculty / Department \_\_\_\_\_

City / Country \_\_\_\_\_

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
[If necessary, continue the list on a separate sheet]		

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student's signature:	Date:
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**SENDING INSTITUTION**

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

**DEPARTMENTAL Coordinator**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

seal

**INSTITUTIONAL Coordinator**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

**RECEIVING INSTITUTION**

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

**DEPARTMENTAL Coordinator**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

seal

**INSTITUTIONAL Coordinator**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

# **CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

Name of student:

### Sending Institution

## Country

If necessary, continue this list on a separate sheet

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SENDING INSTITUTION

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

## DEPARTMENTAL Coordinator

## INSTITUTIONAL Coordinator

Date:

Date:

Place:

## Place

Signature:

**Signature**

## RECEIVING INSTITUTION

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

## **DEPARTMENTAL Coordinator**

## INSTITUTIONAL Coordinator

Date:

Date:

Place:

Place

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## Learning Agreement Side 2