

Name of Student:	
Sending Institution:	Bremerhaven University of Applied Sciences, Germany
Field of Study:	
Study Abroad period (dd.mm.yy-dd.mm.yy):	
E-Mail Address:	

Receiving Institution:	
Country:	

STUDY PROGRAMME AT THE RECEIVING INSTITUTION (TABLE A)

Course unit code (if any)	Course unit title (as indicated in the information package)	Number of ECTS credits

If necessary, continue the list on a separate sheet

RECOGNITION AT BREMERHAVEN UNIVERSITY OF APPLIED SCIENCES (TABLE B)

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

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	Number of ECTS credits

If necessary, continue the list on a separate sheet

STUDENT'S SIGNATURE: _____ **Date:** _____

SENDING INSTITUTION

We confirm that the proposed programme of study (learning agreement) is approved

Departmental coordinator's signature: _____ **Date:** _____

Institutional coordinator's signature: _____ **Date:** _____

RECEIVING INSTITUTION

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

Departmental coordinator's signature: _____ **Date:** _____

Institutional coordinator's signature: _____ **Date:** _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

CHANGES TO TABLE A

Course unit code (if any)	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue the list on a separate sheet

CHANGES TO TABLE B

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue the list on a separate sheet

STUDENT'S SIGNATURE: _____

Date: _____

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