

Learning Agreement

Fall Term 20__/20__
 Spring Term 20__
 Summer/Winter School 20__
 Please use a separate form for each semester!

Name of Student	Subject at HsH	Sending Institution Hochschule Hannover	Receiving Institution
E-Mail	Study Cycle <input type="checkbox"/> Bachelor <input type="checkbox"/> Master	Country Germany	Country

Details of the Proposed Study Programme Abroad

Study Plan at Receiving Institution				Study Plan at Sending Institution			
Course Unit Code	Course Title	Nr of Credits	Link Nr.*	Course Unit Code	Course Title (Courses to be recognized at Hochschule Hannover)	Nr of ECTS	Link Nr.*
Total of Credits:				Total of ECTS Credits:			
30 ECTS are equivalent to local Credits.				(Some) Courses needn't to be recognised at HS Hannover <input type="checkbox"/>			

*Please use the link numbers in each line to link the courses that correspond to each other.
If necessary, continue the list on a separate sheet

All signing parties confirm that this proposed programme of study/learning agreement is approved. The sending institution commits to recognize the successfully completed courses as agreed above. Electronic or scanned signatures will be accepted.

1. STUDENT	Date:	Student's signature:
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2. SENDING INSTITUTION	Date:	Departmental/International coordinator's signature:
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3. RECEIVING INSTITUTION:	Date:	Departmental/International coordinator's signature:
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