

# Learning Agreement Student Mobility for Studies



Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Faculty/Department	Address	Country	Contact person name; email; phone		
	Hochschule Landshut	International Office	Am Lurzenhof1 84036 Landshut	Germany, DE	Andrea Kilb <a href="mailto:andrea.kilb@haw-landshut.de">andrea.kilb@haw-landshut.de</a> +49 871 506 144		
Receiving Institution	Name	Faculty/ Department	Address	Country	Contact person name; email; phone		

## Before the mobility

<i>Study Programme at the Receiving Institution</i>			
Planned period of the mobility: from [month/year] ..... to [month/year] .....			
Table A Before the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]      Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
			<b>Total: ...</b>

Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [web link to the relevant information]

The level of language competence in \_\_\_\_\_ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is: A1  A2  B1  B2  C1  C2  Native speaker

<i>Recognition at the Sending Institution</i>			
Table B Before the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]      Number of ECTS credits (or equivalent) to be recognised by the Sending Institution
			<b>Total: ...</b>

Provisions applying if the student does not complete successfully some educational components: [web link to the relevant information]

**The recognition of already taken exams at Hochschule Landshut is debarred – Eine Anerkennung von bereits angetretenen Prüfungen an der Hochschule Landshut ist ausgeschlossen!**

We confirm that the proposed programme of study / learning agreement is approved:					
Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the Sending Institution					
Responsible person at the Receiving Institution					

## During the Mobility

<b>Exceptional changes to Table A</b>					
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)					
Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits (or equivalent)
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<b>Exceptional changes to Table B (if applicable)</b>					
(to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)					
Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

We confirm that the proposed programme of study/learning agreement is approved:

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person at the Sending Institution					
Responsible person at the Receiving Institution					