



Academic Year 20__/20__

Name of student:..... Date of Birth:___ / ___ / 19___
 Field of study: Study period:
 Name of home university:

Name of host university: **Ruprecht Karls Universität Heidelberg**
 D HEIDELB01

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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

Student's signature
 Date:

SENDING INSTITUTION
 We hereby confirm that this study programme has been acknowledged
 Departmental Coordinator's signature
 Date/Stamp:

RECEIVING INSTITUTION
 We hereby confirm that this study programme has been acknowledged
 Departmental Coordinator's signature
 Date/Stamp:



CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT



Name of student:..... Date of Birth:___ / ___ / 19___
 Field of study: Study period:

Name of home university:.....

Name of host university: **Ruprecht Karls Universität Heidelberg** **D HEIDELB01**

(to be filled ONLY if appropriate)

Course code (if any) and page no. of the information package	Course title (as indicated in the information package)	Deleted course	Added course	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"/>

if necessary, continue this list on a separate sheet

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