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LEARNING AGREEMENT

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY:

A. DETAILS OF THE PROPOSED STUDY PROGRAM AT HSWT

Name of student: Country:
Sending institution:

Course unit code	Course unit title	ECTS credits
.....
.....
.....
.....
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.....
.....
.....

This is just a provisional Learning Agreement. Some courses may not be available and you might have to modify the Learning Agreement upon arrival. (If necessary, continue the list on a separate sheet)

Student's signature: Date:

SENDING INSTITUTION

We confirm that the proposed program of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION Hochschule Weihenstephan-Triesdorf

We confirm that the proposed program of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

B. CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM (ONLY if appropriate)

Name of student: Country:
 Sending institution:

Course unit code	Course unit title	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"/>

If necessary, continue the list on a separate sheet

Student's signature: Date:

SENDING INSTITUTION

We confirm that the proposed program of study/learning agreement is approved.

Departmental coordinator's signature

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Date:

Date:

RECEIVING INSTITUTION Hochschule Weihenstephan-Triesdorf

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Date:

Date: