

LEARNING AGREEMENT

ACADEMIC YEAR 20.../20...

Sending institution: Hochschule der Bildenden Künste Saar Country: Germany

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Country:

Course unit code (if any)	Course unit title	Number of ECTS credits

If necessary, continue this 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: _____

RECEIVING INSTITUTION

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

Coordinator's signature

..... Date:

Name of student:

Sending institution: **Hochschule der Bildenden Künste Saar** Country: **Germany**

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if any)	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
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If necessary, continue this list on a separate sheet.

Student's signature

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Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature

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Date:

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RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Coordinator's signature

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Date:

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