**ECTS – European Credit Transfer System**

**Learning Agreement for Outgoing Students**

|  |  |  |
| --- | --- | --- |
| [ ] **Winter Term 20**      **(01.10.-31.03.)** | [ ] **Summer Term 20**      **(01.04.-30.09.)** | [ ]  **Winter + Summer Term 20**     **/**20      |

|  |  |  |
| --- | --- | --- |
| **Name of Student:**       | **Sending Institution:** *University of Bremen* | **Receiving Institution:**       |
| **Mail Address**:      **Matriculation No.**.:       | **Field of Study** (in Bremen):      **Level:** Bachelor [ ] ; Master [ ]  | **Country**:      **Weblink to Course offer**:       |

**Details of the Proposed Study Programme Abroad**

|  |  |  |
| --- | --- | --- |
| **Study Plan at Receiving Institution** |  | **Study Plan at Sending Institution** |
|  **Course Unit Code** | **Course Level** | **Course Title** | **Amount of Credits** |  |  **Course Unit Code** | **Course Title** **(Equivalent Course recognized at University of Bremen)** | **Amount of Credits** |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|       | B[ ]  M[ ]  |       |       |  |       |       |       |
|  | **Total Credits:** |       |  |  | **Total ECTS Credits:** |       |

 If necessary, continue the list on a separate sheet If necessary, continue the list on a separate sheet

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|  | **1. Student** |  |  |  | **2. Sending Institution**We confirm that the proposed Learning Agreement is approved |  |  |  | **3. Receiving Institution**We confirm that the proposed Learning Agreement is approved |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Date / Signature Student |  |  |  | Date / Signature Departmental Coordinator |  |  |  | Date / Signature Departmental Coordinator |  |
|  |

ECTS – European Credit Transfer System: **Changes to Original Learning Agreement**

|  |  |  |
| --- | --- | --- |
| [ ] **Winter Term 20**      | [ ] **Summer Term 20**      | [ ]  **Winter + Summer Term 20**     **/20**      |

|  |  |  |
| --- | --- | --- |
| **Name of Student:**       | **Sending Institution:** *University of Bremen* | **Receiving Institution:**       |
| **Mail Address**:      **Matriculation No.**.:       | **Field of Study** (in Bremen):      **Level:** Bachelor [ ] ; Master [ ]  | **Country**:      **Weblink to Course offer**:       |

**Changes to Original Proposed Study Programme Abroad**

(To be filled in only if necessary – please remember: you still need 30 ECTS per semester!)

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| **Code** | **Course Level**  | **Course Title** | Dele-ted  | Added  | Un-changed | **Credits** |  | **Code** | **Course Title** **(Equivalent Course recognized at University of Bremen)** | Dele-ted  | Added  | Un-changed | **ECTS** |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
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|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|       | B[ ]  M[ ]  |       | [ ]  | [ ]  | [ ]  |       |  |       |       | [ ]  | [ ]  | [ ]  |       |
|  | **Total Credits:** |       |  |  | **Total ECTS Credits:** |       |  |  |  |  |

If necessary, continue the list on a separate sheet If necessary, continue the list on a separate sheet

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|  | Date / Signature Student |  |  |  | Date / Signature Departmental Coordinator |  |  |  | Date / Signature Departmental Coordinator |  |