**Learning Agreement for Studies (non-EU Outgoing)**

(Items in RED to be filled out by the Receiving Institution)

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| **The Student** |
| *Family name(s)* |  |
| *First name(s)* |  | *Sex* |  |
| *Phone* |  | *Date of birth* | **dd.mm.yyyy** |
| *E-Mail* |  | *Nationality* |  |
| *Study cycle* |  | *Academic year* |  |
| *Study programme* | **please write out in full** | *Registration* | **Matrikelnr** |
| *Subject area* |  |

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| **The Sending Institution** |
| *Name* | **Hochschule Kaiserslautern – University of Applied Sciences** |
| *Country code* | **DE** |
| *Address* | **Schoenstr. 11, 67659 Kaiserslautern, Germany** |
| *Institutional contact* | **Ms. Daniela FleurenHead of Department International Relations & LanguagesE-Mail:** **daniela.fleuren@hs-kl.de****, Phone: +49 631 3724 2725** |
| *Departmental contact* |  |

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| **The Receiving Institution** |
| *Name* |  |
| *Address* |  |
| *Institutional contact* |  |
| *Department* |  |
| *Departmental contact* |  |

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| **I. Proposed Mobility Programme** |
| Planned period of the mobility: from **month/year** until **month/year.** |
| This Learning Agreement includes all the educational components to be carried out by the student at the receiving institution. |

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| **Table A: Study Programme Abroad** |
| Pos | Component code (if any) | Component title (as indicated in the course catalogue) at the receiving institution | Semester [autumn / spring][or term] | Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **Total** |  |
| Web Link to the course catalogue at the receiving institution: |
| If successfully completed, the educational components of the study programme abroad will be recognised by Hochschule Kaiserslautern in the following way: Table B. |

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| **Table B: Set of Components to be Replaced at Hochschule Kaiserslautern** |
| Component code (if any) | Component title (as indicated in the course catalogue) at the sending institution | Semester [autumn / spring][or term] | Number of ECTS credits to be awarded by the sending institution upon successful completion of the component | Comp. will be replaced by Table A, pos. x or count as | Name of resp. professor | Signature |
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| **Total** |  |  |  |

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| **Language Competence of the Student** |
| The level of language competence in **language of instruction**  that the student already has or agrees to acquire by the start of the study period (for the above-mentioned dates) is ([CEFR](https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)): |
| **A1**[ ]  **A2**[ ]  **B1**[ ]  **B2**[ ]  **C1**[ ]  **C2**[ ]  |

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| **II. Responsible Persons** |
| Responsible person at Hochschule Kaiserslautern |
| Name |  |
| Function | **Departmental Coordinator** |
| Phone |  |
| E-Mail |  |
| Responsible person at the receiving institution |
| Name |  |
| Function |  |
| Phone |  |
| E-Mail |  |

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| **III. Commitment of the Three Parties** |
| By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. |
| The Student | Signature |  |
|  | Date |  |
| The Sending Institution | Responsible person’s signature |  |
|  | Date |  |
| The Receiving Institution | Responsible person’s signature |  |
|  | Date |  |