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| HKA_Wortmarke-XL-v_RGB |  | HKA_Bildmarke-h_RGB |

## LEARNING AGREEMENT

ACADEMIC YEAR 2022/23 – \_\_\_\_\_\_\_\_\_\_ semester (summer or winter)

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| Name of student: Sending institution: Country: . |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

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| Receiving institution: *Karlsruhe University of Applied Sciences* *Postfach 2440, 76012 Karlsruhe* *Moltkestraße 30, 76133 Karlsruhe* Country: *Germany* |

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| Course unit code(if any) | Course unit title (as indicated in the description) | Number of creditsECTS, Others\*: |

\*please indicate type of credits If necessary, continue this list on a separate sheet

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| Student’s signature................................................................................. Date:  |

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| SENDING INSTITUTIONWe confirm that this proposed programme of study / learning agreement is approved.Departmental co-ordinator’s signature Institutional co-ordinator’s signature ......................................................... .........................................................Date :............................................... Date :............................................... |

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| RECEIVING INSTITUTIONWe confirm that this proposed programme of study / learning agreement is approved.Departmental co-ordinator’s signature Institutional co-ordinator’s signature ......................................................... .........................................................Date :............................................... Date :............................................... |