



UNIVERSITY OF WUPPERTAL

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT

ACADEMIC YEAR 20...../20..... FIELD OF STUDY:

Name of student:
Sending institution: UNIVERSITY OF WUPPERTAL Country: GERMANY
ERASMUS Code: D WUPPERT01

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
Country:

Table with 3 columns: Course unit code (if any) and page no. of the information package, Course unit title (as indicated in the information package), Number of ECTS credits.

if necessary, continue the 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 Institutional coordinator's signature
Date: Date:

RECEIVING INSTITUTION
We confirm that this proposed programme of study/learning agreement is approved.
Departmental coordinator's signature Institutional coordinator's signature
Date: Date:

Name of student:

 Sending institution: UNIVERSITY OF WUPPERTAL.....Country:..GERMANY.

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

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 Institutional coordinator's signature

 Date: Date:

RECEIVING INSTITUTION
 We confirm that this proposed programme of study/learning agreement is approved.
 Departmental coordinator's signature Institutional coordinator's signature

 Date: Date: