

# LEARNING AGREEMENT

Academic year: 20..../.....

Field(s) of study: .....

Student's name: _____
Sending institution: _____ Country: _____

## Details of the proposed program of study abroad

Receiving institution: Universität des Saarlandes

Country: Germany

Course unit code	Course unit title	Number of (ECTS) credits
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
If necessary, continue the list on a separate sheet		

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We confirm that the proposed program of study is approved:

<b>Sending Institution</b>	
Date: _____	SEAL
Coordinator's name: _____	signature: _____

<b>Receiving Institution</b>	
Date: _____	SEAL
Coordinator's name: _____	signature: _____