

ECTS – European Credit Transfer System Learning Agreement

Academic Year:
Field of study:

Last name:

First name:

Sending institution:
Country:
Details of the proposed study program abroad

Course Unit Code	Course Unit Title Sending Institution	Number of ECTS Credits	Course Unit Code	Course Unit Title Receiving institution	Number of ECTS Credits

If necessary, continue the list on a separate sheet.

Student's signature:
Date:
Sending institution
Country:

We confirm that the proposed program of study/learning agreement is approved.

Signature of: Contact person for this agreement
Institutional coordinator's signature

.....

.....

Date:

Date:

Receiving institution
Clausthal University of Technology
Country: Germany

We confirm that the proposed program of study/learning agreement is approved.

Signature of: Contact person for this agreement
Institutional Coordinator's signature

.....

.....

Date:

Date:


Last name:..... First name:
 Passport no.:

Changes to original proposed study program/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"/>

If necessary, continue the list on a separate sheet.

Student's signature: Date:.....

Sending institution

Country:

We confirm that the proposed program of study/learning agreement is approved.

Signature of: Contact person for this agreement

Institutional coordinator's signature

.....

.....

Date:

Date:

Receiving institution

Clausthal University of Technology

Country: Germany

We confirm that the proposed program of study/learning agreement is approved.

Signature of: Contact person for this agreement

Institutional Coordinator's signature

.....

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Date:

Date:

