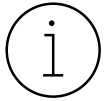


ECTS Learning Agreement



This learning agreement is for international students of the IB program (PO 2021) who spend their year abroad at Trier University of Applied Sciences, primarily taking courses taught in German.

Personal Data

Name, Surname: _____

Student number: _____

Email address: _____

Details of the proposed Learning Agreement

Intended Spezialisierung(s)

Subject-related: _____

Language-related: _____

Course unit title	Semester	Number of ECTS credits	Counted towards specialization?

Date / Student's Signature

Study Program Coordinator

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

Date / IB coordinator's signature

Date / Institutional coordinator's signature

Changes to original proposed Learning Agreement

(to be filled in ONLY if appropriate)

Intended Speziation(s)

Subject-related: _____ change to: _____

Language-related: _____ change to: _____

Course unit title	Semester	Deleted course unit	Added course unit	Number of ECTS	Counted towards specialization?
		<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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

If necessary, continue this list on a separate sheet.

Date / Student's Signature

Study Program Coordinator

We confirm that the above-listed changes to the initially agreed program of study/learning agreement are approved.

Date / IB coordinator's signature

Date / Institutional coordinator's signature