

LEARNING AGREEMENT

Semester WS SS WS + SS

Field of Study: _____

Name of Student: _____

Details of the study programme

Host University: _____

Country: _____

Course number of host		Course title		Credits	
h_da	host	h_da	host	h_da	host

Signature of Student: _____ Date: _____

Signature of Department

Name and Position: _____

Signature: _____

Date: _____