

# LEARNING AGREEMENT STUDENT MOBILITY FOR STUDIES

Academic year: /

## The Student

First name(s) and Last name (s)		Nationality	
Date of birth		Phone	
Study cycle	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Staatsex. <input type="checkbox"/> PhD	E-mail	
Field of study (name): Code <sup>1</sup>			

**Study period abroad**  
**from**

(dd/mm/yy) till

(dd/mm/yy)

## The Sending Institution:

**Rheinische Friedrich-Wilhelms-Universität Bonn,  
Germany, D BONN01**

Faculty		Department	
Address		Country Code	Germany DE
Erasmus departmental coordinator / Contact person		Phone  E-Mail	

## The Receiving Institution:

Country &amp; Erasmus code:

Faculty		Department	
Address		Country  Country code	
Contact person name		Phone  E-Mail	

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<sup>1</sup>Eine Übersicht der Erasmus-Fachcodes finden Sie [hier](#).

## Section to be completed BEFORE THE MOBILITY

**Table A: Study programme at the receiving institution**

Course, Module code (if any)	Course, Module (as indicated in the course catalogue) at the receiving institution	Semester	Number of ECTS credits to be awarded by the receiving institution upon successful completion
			Total:

Web link to the course catalogue at the receiving institution describing the learning outcomes:

**Language competence of the student**

The level of language competence (<http://www.europaeischer-referenzrahmen.de/>) in the main language of instruction that the student already has or agrees to acquire by the start of the study period is:

A1     A2     B1     B2     C1     C2     Native Speaker

**Table B: Recognition at the University of Bonn**

*NB no one to one match with Table A is required. Where all credits in Table A are recognized as forming part of the programme at the University of Bonn without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).*

Course, Module code (if any)	Course, Module etc. title (as indicated in the course catalogue) at the University of Bonn	Semester	Number of ECTS credits
			Total:

Provision applying if the student does not complete successfully some educational components:

*[Please, specify or provide a web link to the relevant information.]*

### III. COMMITMENT OF THE PARTIES

By signing this document, the student, the University of Bonn and the receiving institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies. The University of Bonn and the student should also commit to what is set out in the Erasmus+ grant agreement.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student.

The University of Bonn commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and the receiving institution will communicate to the University of Bonn any problems or changes regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person <sup>2</sup> at the receiving institution					
Responsible person <sup>3</sup> at the University of Bonn					
Erasmus departmental coordinator (if applicable)					

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<sup>2</sup> **Responsible person at the receiving institution:** the name and email of the responsible person must be filled in only in case it differs from that of the contact person mentioned at the top of the document.

<sup>3</sup> **Responsible person at the University of Bonn:**  
 Person, die das Learning Agreement befürworten und die spätere Anerkennung zusichern kann Name und E-Mail nur auszufüllen, falls diese Person von der der auf S. 1 des Learning Agreement genannte Person abweicht.

## Section to be completed DURING THE MOBILITY

**Table A2 : Changes to Table A** (changes in the study programme abroad or additional components in case of extension of stay) to be approved **by e-mail or signature** by the student, the responsible person in the University of Bonn and the responsible person in the receiving institution)

Course, Module code (if any) at the receiving institution	Course, Module etc. title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change <sup>1</sup>	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<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 you chose 7, please specify:

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person at the receiving institution					
Responsible person at the University of Bonn					
Erasmus Departmental coordinator (if applicable)					

### <sup>1</sup> Reasons for exceptional changes to study programme abroad:

Reasons for deleting a component	Reason for adding a component
1) Previously selected educational component is not available at receiving institution	5) Substituting a deleted component
2) Component is in a different language than previously specified in the course catalogue	6) Extending the mobility period
3) Timetable conflict	7) Other (please specify)
4) Other (please specify)	

**Table B2 : Changes to Table B (if applicable)** (Revised group of educational components in the student's degree that will be replaced at the University of Bonn )  
 to be approved **by e-mail or signature** by the student and the responsible person in University of Bonn

Course, Module code (if any) at the University of Bonn	Course, Module etc. title (as indicated in the course catalogue) at the University of Bonn	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Number of ECTS credits to be awarded by the University of Bonn upon successful completion of the component
		<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"/>	

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person at the University of Bonn					
Erasmus Departmental coordinator (if applicable)					