

Wilhelm Löhe Hochschule

University of Applied Sciences

Learning Agreement

Academic Year: _____ **Field of Study:** _____

Sending Institution, country:	Wilhelm Löhe Hochschule, Germany
Department of ECTS departmental coordinator Tel.: Fax: e-mail:	
Name of Student:	
Date and place of birth Student ID	
Receiving Institution, country:	
Department of ECTS departmental coordinator Tel.: Fax: e-mail:	

Details of proposed study programme/Learning Agreement		
Course code/page no. ¹	Course title ²	ECTS-credit

If necessary, continue this list on a separate sheet.

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student`s signature:	Date:
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To be completed by the office:	
Sending Institution: We confirm that the above-listed changes to the initially agreed learning agreement are approved.	
Department coordinator`s signature:	Place, Date:
Institutional coordinator`s signature:	
Receiving Institution: We confirm that the above-listed changes to the initially agreed learning agreement are approved.	
Department coordinator`s signature:	Place, Date:
Institutional coordinator`s signature:	

Please send the completed application form to: Wilhelm Löhe Hochschule, International Office, Merkurstraße 41, 90763 Fürth, Germany, phone: +49 (0)911/766 069 0, fax: +49 (0)911/766 069 29.

¹ As indicated in the course description available online: <http://www.wlh-fuerth.de/studierende/pruefungsangelegenheiten/>

² See no. 1.

Name of Student:	
Sending Institution, country:	

Changes to original proposed study programme/Learning Agreement (to be filled in ONLY if appropriate)				
Course code/page no. ³	Course title ⁴	Deleted course	Added course	ECTS-credit
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue this list on a separate sheet.

Student`s signature:	Date:
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Department coordinator`s signature:	Place, Date:
Institutional coordinator`s signature:	
Receiving Institution: We confirm that the proposed learning agreement is approved.	
Department coordinator`s signature:	Place, Date:
Institutional coordinator`s signature:	

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³ See no. 1.

⁴ See no. 1.