LEARNING AGREEMENT

ACADEMIC YEAR: 20....../20....

STUDY PERIOD: from ............................................. to .............................................

FIELD OF STUDY:

Name of student: ..........................................................................................................................

Student’s e-mail address: .............................................................................................................

Home University: .........................................................................................................................

Student Identification Number: ......................................................................................................

DETAILS OF THE PROPOSED STUDY PROGRAMME IN THE GREATER REGION (Host university):

☐ Saarland University  ☐ University of Liège  ☐ University of Luxembourg

☐ University of Lorraine  ☐ University of Kaiserslautern  ☐ Trier University

<table>
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<tr>
<th>Course unit code (if any)</th>
<th>Title of course or teaching unit</th>
<th>Semester (autumn/spring)</th>
<th>Number of ECTS credits</th>
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Date: ..................................................  Student’s signature: ..................................................

Home university:

We confirm that the learning agreement is accepted.

Signature of departmental coordinator  and/or  Institutional coordinator (or other representative(s))

Date: ..................................................  Date: ..................................................

Host university:

We confirm that the learning agreement is accepted.

Signature of departmental coordinator  and/or  Institutional coordinator (or other representative(s))

Date: ..................................................  Date: ..................................................