

LEARNING AGREEMENT

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

STUDY PERIOD: fromto.....

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

Course unit code (if any)	Title of course or teaching unit	Semester (autumn/spring)	Number of ECTS credits
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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))

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Date: Date:

Host university:

We confirm that the learning agreement is accepted.

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

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Date: Date: