

## 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

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

**Student's signature** .....      **Date:** .....

**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: .....

# CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in *ONLY* if appropriate)

**ACADEMIC YEAR: 20.../20...**      **STUDY PERIOD: from..... to.....**  
**FIELD OF STUDY:**

**Name of student:**.....  
 Student's e-mail address:.....  
 Home University:.....  
 Student Identification Number ("matricule"):.....

Course unit code	Title of course or teaching unit	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	<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"/>	.....

**Student's signature** .....      **Date:** .....

**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: .....