

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 20 .../20 ...

FIELD OF STUDY: Social Work

Name of Student:

Sending Institution: Ostfalia University of Applied Sciences, Faculty of Social Work

Country: GERMANY

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

Country:

Course unit code (if any) of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
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.....

If necessary, continue the list on a separate sheet

Student's signature: _____ Date: _____

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature: _____ Institutional coordinator's signature: _____

Date: _____ Date: _____

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature _____ Institutional coordinator's signature _____

Date: _____ Date: _____

Name of student:

Sending institution: Ostfalia University of Applied Sciences, Faculty of Social Work

Country: GERMANY

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	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"/>
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.....	<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:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

Date: Date:

RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

Date: Date: