



## ERASMUS Programme

### ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

Academic Year: /

Field of study:

Name of student:

Sending Institution – Country  
**Pädagogische Hochschule Schwäbisch Gmünd – Germany**  
*University of Education Schwäbisch Gmünd*  
**ERASMUS-Code: D SCHWA – G01**  
*International Relations Office Director: Dr. Monika Becker*

**Details of the proposed study programme abroad / learning agreement**

Receiving institution:

Country:

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Recognized at home institution as module	Number of ECTS credits

if necessary, continue the list on a separate sheet

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

\_\_\_\_\_

Date

\_\_\_\_\_

Student's signature

**Sending institution**

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

Place / Date:

\_\_\_\_\_

Place / Date:

\_\_\_\_\_

Departmental coordinator's signature:

\_\_\_\_\_

Institutional coordinator's signature:

\_\_\_\_\_

**Receiving institution**

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

Place / Date:

\_\_\_\_\_

Place / Date:

\_\_\_\_\_

Departmental coordinator's signature:

\_\_\_\_\_

Institutional coordinator's signature:

\_\_\_\_\_

Name of student:

Sending institution:

Country:

**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 course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____

if necessary, continue this list on a separate sheet

\_\_\_\_\_ Date

\_\_\_\_\_ Student's signature

**Sending institution**

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

Place / Date:  
\_\_\_\_\_

Place / Date:  
\_\_\_\_\_

Departmental coordinator's signature:  
\_\_\_\_\_

Institutional coordinator's signature:  
\_\_\_\_\_

**Receiving institution**

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

Place / Date:  
\_\_\_\_\_

Place / Date:  
\_\_\_\_\_

Departmental coordinator's signature:

Institutional coordinator's signature: