

Page 2-5: student's name →

LEARNING AGREEMENT FOR STUDIES Academic Year 201.... / 201

The Student				
Last Name (s)			Gender (M/F)	
First name (s)			Date of birth	
Nationality ¹			Study cycle ² (1= Bachelor, 2= Master)	
Phone			Subject area, Code³	
E-mail		1	Major subject	
The Sending I	nstitution			
Name	Robert Schumann Hochschule Düsseldorf	Faculty (Institute)	Music	
Erasmus code (if applicable)	D DUSSELD 06	Department		
Address	Fischerstraße 110 40476 Düsseldorf	Country, Country code ⁴	Germany, D	E
Contact ⁵ e-mail/ phone	Miriam.ellmann-orlinski@rsh ++49 (0)211-4918-126	-duesseldorf.de		
The Receiving	Institution			
Name		Faculty		
Erasmus code (if applicable)		Department		
Address		Country, Country code ⁶		
Contact ⁷ e-mail/ phone				
I. RESPONS	BLE STAFF MEMBERS			
Responsible	person ⁸ in the sending insti	tution:		
Name:		Function:		
Phone number	: E-mail:			
Responsible	person ⁹ in the receiving ins	titution:		
Name:		Function	:	
Phone number	: E-mail:			

For guidelines, please look at Annex 1, for end notes please look at Annex 2.

Page 2-5: student's name \rightarrow

ion	
ement form	
lent's name →	

Section to be completed BEFORE THE MOBILITY

Planned period of the mobility: from [dd/mm/yyyy] till [dd/mm/yyyy]

Table A: Study programme abroad

II. PROPOSED MOBILITY PROGRAMME

10 code (if	Component title (as indicated in the course catalogue) at the receiving institution	[autumn/	Number of ECTS credits to be awarded by the receiving institution
			Total:

Web link to the course catalogue at the receiving institution describing the learning outcomes:

Please search for and visit the website of the desired host institution!

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognized as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

Component ¹¹ code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	[autumn/	Number of ECTS credits to be awarded by the receiving institution
			Total:



Page 2-5: student's name \rightarrow



Components have to be completed in the hom	ne institution
Components have to be completed in the hon	ie institution.
Language competence of the student	
The level of language competence ¹² in [the student already has or agrees to acquire by the	
A1	
III. COMMITMENT OF THE THREE PARTIES	
By signing this document, the student, the nstitution confirm that they approve the propose comply with all the arrangements agreed institutions undertake to apply all the principeducation relating to mobility for studies (nstitutional agreement for institutions located in	sed Learning Agreement and that they will by all parties. Sending and receiving ples of the Erasmus Charter for Higher or the principles agreed in the inter-
The receiving institution confirms that the educatine with its course catalogue.	ational components listed in Table A are in
The sending institution commits to recognise nstitution for the successfully completed eductowards the student's degree as described in	cational components and to count them
locumented in an annex of this Learning Agreer he student and receiving institution will comproblems or changes regarding the proposed in	ment and agreed by all parties. Imunicate to the sending institution any
documented in an annex of this Learning Agreer The student and receiving institution will comproblems or changes regarding the proposed in	ment and agreed by all parties. Imunicate to the sending institution any
documented in an annex of this Learning Agreer for the student and receiving institution will comproblems or changes regarding the proposed rand/or study period.	ment and agreed by all parties. Imunicate to the sending institution any
documented in an annex of this Learning Agreer The student and receiving institution will comproblems or changes regarding the proposed rand/or study period. The student Student's signature	ment and agreed by all parties. nmunicate to the sending institution any mobility programme, responsible persons
The student Student's signature The sending institution The sending institution The sending institution The sending institution	ment and agreed by all parties. Immunicate to the sending institution any mobility programme, responsible persons Date:
documented in an annex of this Learning Agreer The student and receiving institution will comproblems or changes regarding the proposed rend/or study period. The student Student's signature	ment and agreed by all parties. nmunicate to the sending institution any mobility programme, responsible persons
The student Student's signature The sending institution The sending institution The sending institution The sending institution	ment and agreed by all parties. Immunicate to the sending institution any mobility programme, responsible persons Date:



Component

any) at the

receiving

institution

code (if

Page 2-5: student's name →

Number of ECTS

awarded by the

receiving institu-

credits to be

tion

Section to be completed DURING THE MOBILITY in case of CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

<u>Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad</u>

Component title (as indicated in the course cata-

logue) at the receiving institution

				-			
				-			
e student, the sending and the receiving	institutions c	onfir	n t		Total:	pprove	t
oposed amendments to the mobility prograr	institutions c	onfir	m t			pprove	t
ne student, the sending and the receiving oposed amendments to the mobility program The student	institutions c			tha		pprove	tl
oposed amendments to the mobility progran The student	institutions c		n t	tha		pprove	t
oposed amendments to the mobility progran The student Student's signature	institutions c			tha		pprove	t
oposed amendments to the mobility progran The student Student's signature The sending institution	institutions c	D		tha		pprove	t
oposed amendments to the mobility prograr The student	institutions c	D	ate	tha		pprove	t



Page 2-5: student's name \rightarrow

II. CHANGES IN THE RESPONSIBLE STAFF MEMBERS, if any:

New responsible person in the	sending institution:	
Name:	Function:	
Phone number:	E-mail:	
New responsible person in the	receiving institution:	
Name:	Function:	
Phone number:	E-mail:	

from [dd/mm/yyyy]:

Start and end dates of the study period:

Page 2-5: student's name →

Section to be completed AFTER THE MOBILITY RECOGNITION OUTCOMES

I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS

until [dd/mm/yyyy]:

omponent ode if any)	Component title (as indicated in the course catalogue) at the receiving institution	Was the composuccessfully completed by t student? [Yes/	he	Number ECTS cre	_	Receiving institution grade
				Total:		
esponsible	person's signature			Date:		
MINIMUI TRANSCI	e person's signature M INFORMATION TO RIPT OF RECORDS gnition outcomes at the				IG IN	STITUTIO
MINIMUI TRANSCI le F: reco	M INFORMATION TO RIPT OF RECORDS	sending institu	tion Numb	SENDIN	Send	ing institutio
MINIMUI TRANSCI le F: reco	M INFORMATION TO RIPT OF RECORDS gnition outcomes at the Title of recognised comindicated in the course	sending institu	tion Numb	SENDIN er of	Send	ing institutio
MINIMUI TRANSCI le F: reco	M INFORMATION TO RIPT OF RECORDS gnition outcomes at the Title of recognised comindicated in the course	sending institu	tion Numb	SENDIN er of	Send	ISTITUTION
MINIMU	M INFORMATION TO RIPT OF RECORDS gnition outcomes at the Title of recognised comindicated in the course	sending institu	tion Numb	SENDIN er of	Send	ing institutio