

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



Technische Universität Dresden • 01062 Dresden

Institutional Code: D Dresden 02

**ACADEMIC YEAR 20...../ 20.....**      **COURSE OF STUDY: .....**

Name of student: .....
Sending institution: ..... Country: .....

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

Receiving institution: .....Country: .....
Proposed length of study period: from ...../..... to ...../.....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
<b>Total number of ECTS Credits</b>		

if necessary, continue the list on a separate sheet

Student's signature: .....	Date: .....
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<b>SENDING INSTITUTION</b>	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature: .....	Date: .....

<b>RECEIVING INSTITUTION</b>	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature .....	Date: .....

**CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

Name of student: .....

Sending institution: .....

Receiving institution:.....

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"/>	
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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

..... Date: .....

**RECEIVING INSTITUTION**

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

Departmental coordinator's signature

..... Date: .....