

Only electronically completed forms will be accepted.

- Anlage B/E - Exchange to Switzerland -
LEARNING AGREEMENT FOR STUDIES
 Academic year 20__/__

The Student

Last name(s)			
First name(s)			
Date of birth		Nationality ¹	
Sex [M/F/X]		Semester	
Study cycle		Field of Education (Code)	
Email (No hotmail or live)			

The Sending Institution

Name	Hochschule München - Munich University of Applied Sciences (MUAS)		
Erasmus code (if applicable)	D MUNCHEN06	Department	
Address	Lothstraße 34 80335 München	Contact person name	
Country, Country code	Germany, DE	Contact person e-mail / phone	

The Receiving Institution

Name		Address	
Faculty			
Department		Country, Country code	
Contact person ² name		Contact person e-mail / phone	

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **Contact person:** A person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

III. RESPONSIBLE PERSONS

Departmental Coordinator (Auslandsbeauftragte/r) in the sending institution (MUAS):

Name:	Position: Departmental Coordinator
Phone number:	E-mail:

Responsible person⁵ in the receiving institution:

Name:	Position:
Phone number:	E-mail:

IV. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

The student

Student's signature	Date:
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MUAS Departmental Coordinator (Auslandsbeauftragte/r)

Responsible person's signature	Date:
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Responsible person at the receiving institution

Responsible person's signature/ seal	Date:
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⁵ **Responsible person at the Receiving Institution:** the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

Student's name:

V. CONFIRMATION OF STAY(to be completed max. 7 days before departure at the earliest)We herewith confirm that the student _____
Name of studentfrom _____ Munich University of Applied Sciences _____ was enrolled as an
Name of sending institution**exchange student** at _____
Name of receiving institutionfor a stay from ___ / ___ / ____ until ___ / ___ / ____ . (First and last day of study
period*/ mandatory)*First and last day student needs to be present at the receiving institution for academic
purposes. If unknown, please enter the official first and last day of the lecture and exam
period_____
Name of institutional coordinator_____
Date_____
Signature of institutional coordinator

Stamp