



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 [<i>M/F/X</i>] | | 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.





I. Study Programme at the Receiving Institution before the mobility

| Planned period of the mobility: from till | | | |
|---|---|---|---|
| Table A: Study programme at the receiving institution | | | |
| Component ³ code (if any) | Component title at the receiving institution (as indicated in the course catalogue) | Semester [e.g. autumn / spring or term] | Number of ECTS credits to be awarded by the receiving institution upon successful completion |
| | | | |
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| | | | |
| | | Min. 15 ECTS | Total: |
| Web link to the course catalogue at the Receiving Institution describing the learning outcomes: | | | |
| | | | |
| | | | |
| Language competence of the student | | | |
| The level of language competence ⁴ in that the student already has or agrees to acquire by the start of the study period is: A1 \square A2 \square B1 \square B2 \square C1 \square C2 \square Native speaker \square | | | |

³ An "educational component" is a self-contained and formal structured learning experience that features learning outcomes, credits and forms of assessment. Examples of educational components are: a course, module, seminar, laboratory work, practical work, preparation/research for a thesis, mobility window or free electives.

⁴ **Level of language competence**: a description of the European Language Levels (CEFR) is available at: https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr





II. Recognition at the Sending Institution (MUAS) before the mobility

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. Component Component title at the receiving Component title at the sending Semester Number of ECTS institution (as indicated in the code (if institution (as indicated in the [e.g. credits to be autumn / recognised by the any) course catalogue) course catalogue) spring or Sending Institution (MUAS) term1 \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow \Leftrightarrow Total: \Leftrightarrow ☐ Recognition of courses without grades. ☐ Recognition of courses with grades. Please observe study programme related regulations regarding the recognition. Responsible person in the Sending Institution (MUAS) (Vorsitzende/r der Prüfungskommission or other responsible person for recognition of courses) Name: Date: Signature:

If the student does not successfully complete some educational components, the following provisions will apply:

The student will be asked to confirm whether the exam can be retaken at the partner institution, or the missing ECTS credits will need to be earned from courses which are within the course catalogue of the Munich University of Applied Sciences.

Please be aware that some universities (especially in the UK) have their own credit points which need to be converted to ECTS.





III. RESPONSIBLE PERSONS

| Departmental Coordinator (Auslandsbeasending institution (MUAS): | auftragte/r) in the | |
|---|------------------------------------|--|
| Name: | Position: Departmental Coordinator | |
| Phone number: | E-mail: | |
| 5 in the manifest in the second | | |
| Responsible person ⁵ in the receiving ins | | |
| Name: | Position: | |
| Phone number: | E-mail: | |
| IV. COMMITMENT OF THE THREE PART | ΓIES | |
| 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: | |
| MUAS Departmental Coordinator (Auslandsbeauftragte/r) | | |
| Responsible person's signature | Date: | |
| Desparsible person at the receiving inc | titution | |
| Responsible person at the receiving ins Responsible person's signature/ seal | Date: | |
| Responsible person's signature/ seal | Date. | |

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.



V. CONFIRMATION OF STAY

| (to be complete | ed <u>max. 7 days before departure</u> at the ea | rliest) |
|--------------------------------|---|-----------------------|
| We herewith co | nfirm that the studentName | of student |
| from <u>M</u> | unich University of Applied Sciences Name of sending institution | was enrolled as an |
| exchange stud | dent at | |
| | Name of receiving insti | tution |
| for a stay from period*/ manda | / / until / / (First tory) | and last day of study |
| | day student needs to be present at the recknown, please enter the official first and la | |
| Name of institu | itional coordinator | |
| Date | Signature of institutional coordinator | - Stamp |