

Only electronically completed forms will be accepted.

LEARNING AGREEMENT FOR STUDIES

Before the mobility

Academic year 20__/ __

The Student

Last name(s)			
First name(s)			
Date of birth		Nationality ¹	
Sex [M/F]		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	10 – Business Administration
Address	Lothstraße 34 80335 München	Contact person name	Desirée Fried, Martina Schreiner, Nicole Morandi-Grassinger
Country, Country code	Germany, DE	Contact person e-mail / phone	international-bw@hm.edu

The Receiving Institution

Name		Address	
Faculty		Erasmus code (if applicable)	
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.

Language competence of the student

The level of language competence³ in _____ that the student already has or agrees to acquire by the start of the study period is:

A1 A2 B1 B2 C1 C2 Native speaker

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. If the student does not obtain at least 15 ECTS credits per semester, the Erasmus+ grant may be reclaimed from the student. 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 (Auslandsbeauftragte/r) in the sending institution (MUAS):**

Name: Prof. Dr. Dominik Hammer

Position: Departmental Coordinator

Phone number: +49 89 1265 2721

E-mail: international-bw@hm.edu

Responsible person⁴ in the receiving institution:

Name:

Position:

Phone number:

E-mail:

³ **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>

⁴ **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.

III. 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. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries).

The Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement.

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:

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