

## Non-EU / Freemover-Learning Agreement

**Academic Year:** 20..... / .....  
**Planned Period of Study:** from ..... to ..... (DD/MM/YYYY)

**Name of Student:** .....  
**Field of Study:** Tourism Management  
**Sending Institution:** Hochschule München University of Applied Sciences, Germany (HM)  
**Receiving Institution:** .....

### Details of the proposed Study Programme at the receiving institution before mobility (Table A)

Course unit code	Course unit title	Local credits	*ECTS
Total credits / ECTS			

\*ECTS: Please refer to conversion table of credits from HM, Department of Tourism.

**Weblink to course catalogue / course descriptions:**

.....  
 .....  
 .....  
 .....

**Date, Student's signature:** .....

**Sending institution:** We confirm that the proposed study programme is approved.

Name, Function  
 E-Mail, Telephone  
 Date, Signature, Stamp

**Receiving institution:** We confirm that the proposed study programme is approved.

Name, Function  
 E-Mail, Telephone  
 Date, Signature, Stamp

## Non-EU/Freemover-Learning Agreement

Name of Student: .....

Sending Institution: Hochschule München (HM) University of Applied Sciences, Germany

Receiving Institution: .....

### Recognition at the sending institution before mobility (Table B)

Courses in the student's degree program that would normally be completed at HM and which would be replaced by courses at the receiving institution during a semester abroad / exchange semester.

Course unit code	Course unit title at receiving institution	Local credits	*ECTS	HM course unit code	HM course title	HM ECTS according to study plan
Total					Total	

\*ECTS: Please refer to conversion table of credits from HM, Department of Tourism.

**Recognition of courses** at sending institution  without grades /  with grades.

Please observe the study programme related regulations regarding recognition of credits.

Responsible person at sending institution (examination board): Prof. Marion Rauscher

Date, Signature, Stamp

If the student does not successfully complete some educational components, the following provisions will apply: The student will be asked to confirm whether the assessment can be retaken at the partner institution, or the pending courses will have to be taken at HM after the return from the study abroad / exchange semester.

By signing this document (page 1), the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and they they will comply with all 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 count the successfully completed components towards the student's degree as described in Table B. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, change in contact person and / or study period.

## Non-EU/Freemover-Learning Agreement Changes in Study Programme

**Name of Student:** .....

Sending Institution: Hochschule München (HM) University of Applied Sciences, Germany

**Receiving Institution:** .....

### Changes to the original proposed study programme (Table C)

(to be filled in ONLY if applicable)

Course unit code	Course unit title	Deleted course	Added course	Local credits	*ECTS
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Total</b>				

\*ECTS: Please refer to conversion table of credits from HM, Department of Tourism.

**Date, Student's signature:** .....

**Sending institution:** We confirm that the above-listed changes to the initially the proposed study programme are approved.

Name, Function  
Date, Signature, Stamp

**Receiving institution:** We confirm that the above-listed changes to the initially the proposed study programme are approved.

Name, Function  
Date, Signature, Stamp