

Learning Agreement

Student Mobility for Studies

Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Faculty/ Department	Address	Country	Contact person name; email; phone		
	University of Education Heidelberg	International Office	Keplerstr. 87 D- 69120 Heidelberg	Germany	Henrike Schön, Director of the International Office, henrike.schoen@vw.ph-heidelberg.de 0049 (0) 6221 477-544		
Receiving Institution	Name	Faculty/ Department	Address	Country	Contact person name; email; phone		

Before the mobility

Table A

<i>Study Programme at the Receiving Institution</i>				
Planned period of the mobility: from [month/year] to [month/year]				
Code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of Credits to be awarded by the Receiving Institution upon successful completion	
Total:				

Table B

<i>Recognition at Heidelberg University of Education</i>				
code (if any)	Component title at Heidelberg University of Education (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of Credits (CP) s to be recognised by Heidelberg University of Education	Name and Signature of the responsible person

				Total:

Commitment

By signing this document, the student, Heidelberg University of Education 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. Heidelberg University of Education commits to recognise all the credits or equivalent units 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. The student and the Receiving Institution will communicate to Heidelberg University of Education any problems or changes regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person at the Sending Institution	Henrike Schön	Henrike.schoen@vw.ph-heidelberg.de	Director of the International Office		
Responsible person at the Receiving Institution					

During the Mobility

Table A2

Exceptional changes to Table A (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)					
code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component	Added component	Reason for change	Number of Credits to be awarded by the Receiving Institution upon successful completion
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

		□	□		

- After completing the study visit, please show a transcript of records and proof of recognition of courses to the director of the International Office.
- If necessary, please include a copy of the study record (Studienbuch) which lists the courses recognised.