

**LEARNING AGREEMENT FOR
STUDIES Academic year 20 __ /20 __**

The Student

Last name(s)		First name(s)	
Date of birth		Nationality	
Sex	<input type="checkbox"/> F <input type="checkbox"/> M	E-Mail	
Study cycle	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD	Matriculation number	
ISCED-Code			

The Sending Institution (Heimathochschule) The Receiving Institution (Gasthochschule)

Name	Technische Universität Berlin	Name	
Erasmus code	D BERLIN02	Erasmus code	
Address	Strasse des 17. Juni 135, 10623 Berlin, Germany	Address	
Erasmus Coordinator	Amelie Krüger	Contact person name	
Country (code)	Germany (DE)	Country (code)	
Faculty		Faculty	
Department		Department	
Contact person name		Contact person name	
Contact person e-mail / phone	studentmobility@international.tu-berlin.de	Contact person e-mail / phone	

Section to be completed BEFORE THE MOBILITY**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from [month/year] till [month/year]

Table A: Study programme abroad

Code (if any)	Title (as indicated in the course catalogue at the receiving institution)	Semester [autumn/spring] [or term]	Number of ECTS credits
Total:			

Web link to the course catalogue at the receiving institution describing the learning outcomes:
(Web link(s) to be provided.)

