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| **Learning Agreement for Studies**  **PART 1 Before the Stay: Proposed Studies Abroad** |
| |  |  |  | | --- | --- | --- | | Student Details | | | | Name, First Name: | | E-Mail: | | Sending Institution: | | Country: | | Study Program at Sending Institution: | | | | Student Exchange at the University of Siegen | | | | School: | Study Program: | | | Semester of Exchange:  Winter Semester 20….  Summer Semester 20…. | | | |

**Courses at the University of Siegen (recommended total of credits per semester: 15 ECTS)**

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| Course Unit Code | Course Unit Title | Semester  1 or 2 | Numbers of credits/ Hours per week |
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**Recognition at Sending Institution**

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| Course Unit Code | | Course Unit Title | Semester  1 or 2 | Numbers of ECTS Credits |
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| Student Signature | |
| Date: | Signature: |
| SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange | |
| Name: | Position: |
| Date: | Signature: |
| UNIVERSITY OF SIEGEN: Member of Faculty Responsible for Student Exchange | |
| Name: | Position: |
| Date: | Signature: |

**Confirmation of Above Proposed Studies Abroad**

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| **Learning Agreement for Studies**  **PART 2 During the Stay: Changes to Proposed Studies Abroad** | | |
| Student Details | | |
| Name, First Name: | | E-Mail: |
| Sending Institution: | | Country: |
| Study Program at Sending Institution: | | |
| Student Exchange at the University of Siegen | | |
| School: | Study Program: | |
| Semester of Exchange:  Winter Semester 20….  Summer Semester 20…. | | |

**Changes to Originally Proposed Studies Abroad (if appropriate)**

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| Course unit code | Course unit title | Semester  1 or 2 | Deleted  course unit | Added course unit | Numbers of credits/ hours per week |
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**Recognition at Sending Institution**

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| Course Unit Code | Course Unit Title | Semester  1 or 2 | Numbers of ECTS Credits |
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| --- | --- |
| Student Signature | |
| Date: | Signature: |
| SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange | |
| Name: | Position: |
| Date: | Signature: |
| RECEIVING INSTITUTION: Member of Faculty Responsible for Student Exchange | |
| Name: | Position: |
| Date: | Signature: |

**Confirmation of Above Changes to Originally Proposed Studies Abroad**