

ECTS LEARNING AGREEMENT

Academic Year:



HELMUT SCHMIDT
UNIVERSITÄT
Universität der Bundeswehr Hamburg

Name of Student/Student ID HSU:	/
Sending Institution:	HSU/UniBw Hamburg
Country:	Germany
Receiving Institution:	
Country:	
Study Level / Field of Study	Bachelor: _____ Master: _____

Original bei Student
Kopie Akademisches Auslandsamt
Kopie Dezernat III (Prüfungsamt)

Details of the Proposed Study Programme Abroad

Modul-Nr.	Prüf-Nr.	Course Unit Title HSU	EL*	ECTS	Code PU	Course Unit Title PU	CP	ECTS*	SigRes
Date:			Student Signature:						
Helmut-Schmidt-Universität / Universität der Bundeswehr Hamburg We confirm that this proposed programme of study / learning agreement is approved Institutional Coordinator's signature _____ Stamp: _____ Date: _____			On Behalf of the Examination Board The Dean of Study: _____						
PARTNER UNIVERSITY We confirm that this proposed programme of study / learning agreement is approved Institutional Coordinator's signature _____ Stamp: _____ Date: _____			_____						

* EL – Ersatz- oder Ergänzungsleistung verabredet u.i.d. Anlage dokumentiert / * Die Werte in der Spalte ECTS werden vom AAA HSU/UniBw Hamburg eingetragen