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| **Learning Agreement for Studies** **PART 1 Before the Stay: Proposed Studies Abroad** |
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| 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…. |

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**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  | Semester1 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 | Deletedcourse 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  | Semester1 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**