

Learning Agreement for Studies in Overseas Countries

Last name(s)	First name(s)	Date of birth	Academic Year	Planned period of the mobility:	Degree Program at FRA-UAS
			20...../20.....	from [month/year] to [month/year]	
E-Mail:		Receiving Institution:			

During the mobility (changes to the above agreement)

Changes at Receiving Institution Table A1: During the mobility					Recognition at FRA-UAS Table B1: During the mobility				
Course code (if any)	Course title at the Receiving Institution (as indicated in the course catalogue)	Deleted course [tick if applicable]	Added course [tick if applicable]	Credits	Course code (if any)	Course title at Frankfurt University of Applied Sciences (as indicated in the course catalogue)	Deleted course [tick if applicable]	Added course [tick if applicable]	ECTS
		<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

Commitment	Name	Place and Date	Signature
Student			
Responsible person at FRA-UAS			