**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Matr.no. (*PKZ*) |  |
| Sex [*M/F*] |  | Nationality1 |  |
| Study cycle2 |  | Academic year | 2017/2018 |
| Phone |  | Field of education,  Code3 |  |
| Study Grant  (*Studienbeihilfe*) | □ yes □ no | email |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | CAMPUS 02 UAS | Faculty |  |
| Erasmus code  (if applicable) | A GRAZ10 | Department |  |
| Address | Koerblergasse 126 8010 Graz  [www.campus02.at](http://www.campus02.at) | Country, Country code4 | Austria  AT |
| Contact person5 name | Barbara Schantl | Contact person email / phone | [international@ campus02.at](mailto:international@campus02.at) +43 316 6002 786 |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code  (if applicable) |  | Department |  |
| Address, website |  | Country, Country code, Region ([Link](http://www.lebenslanges-lernen.at/fileadmin/lll/dateien/lebenslanges_lernen_pdf_word_xls/erasmus/mobility_tool/2013-14/mt_erasmus_data_dictionary.pdf), p.19) |  |
| Contact person name |  | Contact person email / phone |  |

**A. Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: **from [day/month/year] ………………………….….**

**until [day/month/year] ………………………..**

Table A: Study programme abroad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component6 code (if any)** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [winter / summer] [or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** | **Reference with Table B (Optional)** | |
|  |  |  |  | *a)* |
|  |  |  |  | *b)* |
|  |  |  |  | *c)* |
|  |  |  | Total: ………… |  |

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

|  |
| --- |
| *[Web link(s) to be provided.]* |

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad. NB: no one to one match with Table A is required. Where all credits in Table A are recognized as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits** | **Reference with Table A (Optional)** |
|  |  |  |  | *a)* |
|  |  |  |  | *b)* |
|  |  |  |  | *c)* |
|  |  |  | Total: ………… |  |

**If the student does not complete successfully some educational components, the following provisions will apply:**

|  |
| --- |
| *[Please, specify or provide a web link to the relevant information.]* |

|  |
| --- |
| **Language competence of the student**  The level of language competence7 in ………………… *[the main language of instruction]* that the student already has or agrees to acquire by the start of the study period is:  A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

|  |
| --- |
| **Chosen language for online language course (OLS – Online Linguistic Support)**  □ English □ French □ Italian □ Spanish |

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person8 in the sending institution:**  Name: Function: Head of Degree Programme  Phone number: E-mail: |

|  |
| --- |
| **Responsible person9 in the receiving institution:**  Name: Function:  Phone number: E-mail: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

|  |
| --- |
| **The student**  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature Date:  Stamp: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date:  Stamp: |

**NATIONAL SHEET10**

**Antrag der/des Studierenden**:

Ich (Name und Daten siehe Seite 1 des Learning Agreements „The student“) beantrage gemäß § 12 Fachhochschul-Studiengesetz (FHStG) die Feststellung der Gleichwertigkeit der in „Table A” des *Learning Agreement for Studies* angeführten Lehrveranstaltungen/Prüfungen mit jenen gemäß Studienplan an der Heimathochschule.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Datum Unterschrift der/des Studierenden

**BESTÄTIGUNG DES FÜR ANERKENNUNGSFRAGEN ZUSTÄNDIGEN ORGANS ÜBER DIE FESTSTELLUNG DER GLEICHWERTIGKEIT VON PRÜFUNGEN**

***Das Learning Agreement ist integraler Bestandteil dieser Bestätigung***

Ausstellende Institution: siehe Seite 1 des Learning Agreements „The Sending Institution“.

Die Gleichwertigkeit der von Herrn/Frau …………………………………………………..……………   
an der Gastinstitution (Daten siehe Seite 1) zu erbringenden Studienleistungen wird gemäß „Table B: Group of educational components in the student’s degree that would normally be completed at the sending instituion and which will be replaced by the study abroad“ (basierend auf „Table A: Study programme abroad“) des Learning Agreement for Studies, gemäß § 12 Abs 1 FHStG (BGBl I Nr. 340/1993) festgestellt.

**BEGRÜNDUNG**

Dem Antrag wird vollinhaltlich stattgegeben.

**BESCHWERDERECHT**

Gegen diese Bestätigung ist eine Beschwerde an das Kollegium zulässig. Die Beschwerde ist innerhalb von vier Wochen nach Zustellung der Bestätigung schriftlich beim Kollegium einzubringen. Die Beschwerde muss die Bestätigung bezeichnen, gegen die sie sich richtet, und hat einen begründeten Beschwerdeantrag zu enthalten.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum Name der Studiengangsleitung Unterschrift der Studiengangsleitung

**BESTÄTIGUNG DER BETREUERIN/DES BETREUERS DER BACHELOR- ODER DIPLOM- ODER MASTERARBEIT11**

Ich bestätige, dass der Erasmus+ Studienaufenthalt von Herrn/Frau ……....................................... an der Gastinstitution (Daten siehe Seite 1 des Learning Agreements „The Receiving Institution“) der Abfassung der Bachelorarbeit/Diplomarbeit/Masterarbeit (nicht-zutreffendes bitte streichen)

mit dem Titel …………………………………………………………………

…………………………………………………………………………………….......................... dient.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum Name der Betreuerin/des Betreuers Unterschrift der Betreuerin/ des

Betreuers

**B. Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

#### Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

(*to be approved by email or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component code (if any) at the receiving institution** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component**  ***[tick if applicable]*** | **Added component**  ***[tick if applicable]*** | **Reason for change12** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | | | | | Total: ………… |

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

|  |
| --- |
| **The student**  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature Date:  Stamp: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date:  Stamp: |

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in the receiving institution:**  Name: Function:  Phone number: E-mail: |

**C. Section to be completed AFTER THE MOBILITY**

#### **RECOGNITION OUTCOMES**

#### **I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS**

|  |
| --- |
| Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*. |

Table E: academic outcomes at receiving institution

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Was the component successfully completed by the student? [Yes/No]** | **Number of ECTS credits** | **Receiving institution grade** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | *Total:* |  |

|  |
| --- |
| *[Signature of responsible person in receiving institution, stamp and date]* |

#### **II. MINIMUM INFORMATION TO INCLUDE IN THE SENDING INSTITUTION'S TRANSCRIPT OF RECORDS**

|  |
| --- |
| Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*. |

Table F: recognition outcomes at the sending institution

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Title of recognised component (as indicated in the course catalogue) at the sending institution** | **Number of ECTS credits** | **Sending institution grade, if applicable** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | *Total:* |  |

|  |
| --- |
| *[Signature of responsible person in sending institution, stamp and date]* |

**NATIONAL SHEET**

**Tatsächlich absolviertes Studienprogramm (Äquivalenzliste)**

Siehe Tables E und F des Learning Agreement for studies (Group of educational components)

**BESTÄTIGUNG des für Anerkennungsfragenfragen zuständigen Organs über die Anerkennung von Prüfungen**

Ausstellende Institution: siehe Seite 1 des Learning Agreements „The Sending Institution“.

Die Anerkennung der von Herrn/Frau ................................................................ an der Gastinstitution (Daten siehe Seite 1 des Learning Agreements „The Receiving Institution“) erbrachten Studienleistungen wird aufgrund der in „Table F: recognition outcomes at the sending institution“ des Learning Agreement for Studies enthaltenen Lehrveranstaltungen gemäß § 12 Abs 1 FHStG (BGBl I Nr. 340/1993) im Ausmaß von ................ ECTS-Credits festgestellt.

**Begründung**

Dem Antrag wird vollinhaltlich stattgegeben.

**BESCHWERDERECHT**

Gegen diese Bestätigung ist eine Beschwerde an das Kollegium zulässig.

Die Beschwerde ist innerhalb von vier Wochen nach Zustellung der Bestätigung schriftlich beim Kollegium einzubringen. Die Beschwerde muss die Bestätigung bezeichnen, gegen die sie sich richtet, und hat einen begründeten Beschwerdeantrag zu enthalten

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum Name der Studiengangsleitung Unterschrift der Studiengangsleitung

**BESTÄTIGUNG DER BETREUERIN/DES BETREUERS DER BACHELOR- ODER DIPLOM- ODER MASTERARBEIT**

Ich bestätige, dass Herr/Frau ................................................................. im Rahmen des Erasmus+ Auslandsstudienaufenthaltes erfolgreich an der Abfassung der *Bachelorarbeit/Diplomarbeit/Masterarbeit* (nicht Zutreffendes bitte streichen) mit dem Titel …………………………………………….……………………………………………………………………………………..  
gearbeitet hat.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum Name der Betreuerin/des Betreuers Unterschrift der Betreuerin/des

Betreuers

#### **End notes:**

1 Country to which the person belongs administratively and that issues the ID card and/or passport

2 Short cycle (EQF level 5) / bachelor or equivalent first cycle (EQF level 6) / master or equivalent second cycle (EQF level 7) / doctorate or equivalent third cycle (EQF level 8).

3 The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at <http://ec.europa.eu/education/tools/isced-f_en.htm> should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the sending institution.

4 ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

5 A person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

6 An "educational component" is a self-contained and formal structured learning experience that features learning outcomes, credits and forms of assessment. Examples of educational components are: a course, module, seminar, laboratory work, practical work, preparation/research for a thesis, mobility window or free electives.

7 For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

8 An academic who has the authority  to approve the  mobility programme of outbound students (Learning Agreements), to exceptionally amend them when it is needed, as well as to guarantee full recognition of such programmes on behalf of the responsible academic body (in Austria the “Studienrechtliche Organ” or the academic advisor of the thesis).

9 An academic who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution.

10 According to the Austrian legal regulations the student applies to the responsible person at the home university for agreement that the course components at the receiving institution are deemed equivalent to the course components at the sending institution as described in Table A, if they are successfully completed. Due to this application the responsible person at the home university herewith gives notice that the course components at the receiving institution are deemed equivalent to the course components at the sending institution as described in Table A, if they are successfully completed.

11 Confirmation of the academic advisor at the sending institution in case the stay abroad is used for work on a thesis.

12

|  |  |
| --- | --- |
| **Reasons for deleting a component:** | **Reason for adding a component:** |
| A1) Previously selected educational component is  not available at receiving institution  A2) Component is in a different language than  previously specified in the course catalogue  A3) Timetable conflict  A4) Other (please specify) | B1) Substituting a deleted component  B2) Extending the mobility period  B3) Other (please specify) |