ECTS – EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT



Technische Universität Dresden • 01062 Dresden • Institutional Code: D Dresden 02

Name of student:		
Sending institution:	Country:	
DETAILS OF THE PROPOSED STUDY PROGRAM	ME ABROAD/LEARNING AGREEMENT	
Receiving institution:	Country:	
Proposed length of study period: from/	to/	
STUDY/RESEARCH PROJECT Please only outline your project here and attach a prest the courses you are going to attend.	ecise and detailed description on separate sheet(s) or	Number of ECTS credits (if any)
	Total number of ECTS Credits	6
if necessary, continue the list on a separate sheet	Total number of ECTS Credits	3
if necessary, continue the list on a separate sheet STUDENT'S SIGNATURE	Total number of ECTS Credits	3
	Total number of ECTS Credits Date:	
STUDENT'S SIGNATURE		
STUDENT'S SIGNATURE	Date:	
SENDING INSTITUTION	Date:	
STUDENT'S SIGNATURE SENDING INSTITUTION The signatory confirms that the proposed programm	Date:	
STUDENT'S SIGNATURE SENDING INSTITUTION The signatory confirms that the proposed programm Departmental coordinator's name and function:	Date:	
SENDING INSTITUTION The signatory confirms that the proposed programm Departmental coordinator's name and function: Departmental coordinator's signature: Date / Stamp:	Date: ne of study/learning agreement is approved. Institutional coordinator's name and function: Institutional coordinator's signature:	
SENDING INSTITUTION The signatory confirms that the proposed programm Departmental coordinator's name and function: Departmental coordinator's signature: Date / Stamp:	Date: ne of study/learning agreement is approved. Institutional coordinator's name and function: Institutional coordinator's signature: Date / Stamp:	
SENDING INSTITUTION The signatory confirms that the proposed programm Departmental coordinator's name and function: Departmental coordinator's signature:	Date: ne of study/learning agreement is approved. Institutional coordinator's name and function: Institutional coordinator's signature: Date / Stamp:	
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