

LEARNING AGREEMENT

ACADEMIC YEAR 200__ / 200__ - FIELD OF STUDY: _____

Name of student: _____	
Sending institution:	University of Applied Sciences Northwestern Switzerland, School of Life Sciences Gründenstrasse 40, CH-4132 Muttenz, Switzerland

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution: _____
Country: _____

Course unit code / page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If necessary, continue the list on a separate sheet

Student's signature _____	Date: _____
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SENDING INSTITUTION	
We confirm that the proposed programme of study / learning agreement is approved.	
Institutional coordinator	ECTS coordinator
Name: Anne Honegger _____	Name: Prof. Dr. Daniel Gygax _____
Signature: _____	Signature: _____
Date: _____	Date: _____

RECEIVING INSTITUTION	
We confirm that this proposed programme of study / learning agreement is approved.	
Institutional coordinator	ECTS coordinator
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Name of student: _____

Sending institution: University of Applied Sciences Northwestern Switzerland, School of Life Sciences
Grüdenstrasse 40, CH-4132 Muttenz, Switzerland

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
_____	_____	<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"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

If necessary, continue this list on a separate sheet

Student's signature: _____

Date: _____

SENDING INSTITUTION

We confirm that the proposed programme of study / learning agreement is approved.

Institutional coordinator	ECTS coordinator
Name: Anne Honegger _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

RECEIVING INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved.

Institutional coordinator	ECTS coordinator
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____