



Akademisches Auslandsamt · Haus Grashof · Tel. 030 4504-2768

- **Persönliche Daten der Studentin/des Studenten/Student's personal data** Academic Year _____ Sommer _____ Winter _____ Semester _____
- Name des Studenten/Name of student _____ Matrikel-Nr _____
Studiengang/Field of study _____ Fachbereich/Department _____

■ **Details of the proposed Study Programme Abroad/Learning Agreement**

Heimatochschule/Sending Institution Beuth Hochschule für Technik Gasthochschule/Receiving Institution _____
Land/Country Germany Land/Country _____

Kurs Nr. Course No.	Kursbezeichnung/Course title Heimatochschule/Sending Institution	Credits	ECTS	Kurs Nr. Course No.	Kursbezeichnung/Course title Gasthochschule/Receiving Institution	Credits	ECTS

If necessary, continue the list on a separate sheet. Fair translation of grades must be ensured and the student has been informed about the methodology.

Datum/Date Unterschrift/Signature Student/-in/Student

- **Heimatochschule/Sending Institution** We confirm that the proposed programme of study/learning agreement is approved.

Datum/Date Unterschrift/Signature Auslandsbeauftragter FB/Departmental coordinator Datum/Date Unterschrift/Signature Beauftragter Anerkennung Studienleistung/Commissary for validation of studies Datum/Date Unterschrift/Signature Auslandsamt/Institutional coordinator

- **Gasthochschule/Receiving Institution** We confirm that the proposed programme of study/learning agreement is approved.

Datum/Date Unterschrift/Signature Auslandsbeauftragter FB/Departmental coordinator Datum/Date Unterschrift/Signature Auslandsamt/Institutional coordinator

