



Erasmus+


 Universität Hamburg  
 DER FORSCHUNG | DER LEHRE | DER BILDUNG

 Higher Education  
 Learning Agreement  
 Academic Year 2018/2019

## Higher Education Learning Agreement for Studies Part II: During the Mobility

**In case of course changes this document has to be signed by all parties, completed and uploaded five weeks after the beginning of the mobility period.**

| <b>Name of the student:</b> _____                                                                                                                                                                |                                                                                        |                                           |                                         |                                |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------------|----------------------------------------|
| <b>Planned period of mobility:</b> from ( month/year) to (month/year)                                                                                                                            |                                                                                        |                                           |                                         |                                |                                        |
| <b>Exceptional changes Table A</b><br>(to be approved by signature by the student, the responsible person<br>in the Sending Institution and the responsible person in the Receiving Institution) |                                                                                        |                                           |                                         |                                |                                        |
| Component code (if any)                                                                                                                                                                          | Component title at the Receiving Institution<br>(as indicated in the course catalogue) | Deleted component<br>(tick if applicable) | Added component<br>(tick if applicable) | Reason for change <sup>1</sup> | Number of ECTS credits (or equivalent) |
|                                                                                                                                                                                                  |                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                |                                |                                        |
|                                                                                                                                                                                                  |                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                |                                |                                        |
|                                                                                                                                                                                                  |                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                |                                |                                        |
|                                                                                                                                                                                                  |                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                |                                |                                        |
| <b>During the mobility:<br/>Table A2</b>                                                                                                                                                         |                                                                                        | <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"/>                |                                |                                        |
| <b>Total:</b>                                                                                                                                                                                    |                                                                                        |                                           |                                         |                                |                                        |

<sup>1</sup> Reason for change: exceptional changes to study programme abroad (choose an item number from the table below).

| Reasons for deleting a component                                                          | Reasons for adding a component     |
|-------------------------------------------------------------------------------------------|------------------------------------|
| 1 Previously selected educational component is not available at the Receiving Institution | 5 Substituting a deleted component |
| 2 Component is in a different language than previously specified in the course catalogue  | 6 Extending the mobility period    |
| 3 Timetable conflict                                                                      | 7 Other (please specify):          |
| 4 Other (please specify):                                                                 |                                    |



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### Exceptional changes Table B (if applicable)

(to be approved by signature by the student and the responsible person in the Sending Institution )

| Component code (if any)          | Component title at the Sending Institution (as indicated in the course catalogue) | Deleted component (tick if applicable) | Added component (tick if applicable) | Number of ECTS credits (or equivalent) |
|----------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|
|                                  |                                                                                   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                        |
|                                  |                                                                                   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                        |
|                                  |                                                                                   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                        |
|                                  |                                                                                   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                        |
| During the mobility:<br>Table B2 |                                                                                   | <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"/>             |                                        |
| Total:                           |                                                                                   |                                        |                                      |                                        |

| Commitment                                      | Name | E-mail | Position | Date | Signature |
|-------------------------------------------------|------|--------|----------|------|-----------|
| Student                                         |      |        | Student  |      |           |
| Responsible person at the Sending Institution   |      |        |          |      |           |
| Responsible person at the Receiving Institution |      |        |          |      |           |