

## Learning Agreement

<b>ACADEMIC YEAR</b>	
<b>SEMESTER</b>	<input type="checkbox"/> WS <input type="checkbox"/> SS
<b>DEGREE COURSE</b>	

<b>First name, surname:</b>	
-----------------------------	--

<b>Receiving institution</b>	
<b>Country</b>	

Course	ECTS	Replaced course at Geisenheim University

Date	Signature student

The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components.	
Responsible person at the Sending Institution	Signature