

LEARNING/TEACHING AGREEMENT

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY:

Name of student: Student ID:

SENDING UNIVERSITY: ...The German Jordanian University Country:Jordan.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD – LEARNING/TEACHING AGREEMENT

HOST UNIVERSITY: Country:

Course code	Course title	Language of Instruction	Number of ECTS / SWS credits at Host University	Number of credits at GJU

(if necessary, continue the list on a separate sheet)

Student's signature..... Date:

SENDING UNIVERSITY: GJU

We confirm that the proposed learning/teaching agreement is approved.

Name & signature Exchange Officer

.....

Date:

Name & signature Dean of Faculty

.....

Date:

Name & signature Head of International Office

.....

Date:

HOST UNIVERSITY:

We confirm that the proposed learning/teaching agreement is approved.

Name & signature Departmental coordinator

.....

Date:

Name & signature Institutional coordinator

.....

Date:

CHANGES TO ORIGINAL LEARNING/TEACHING AGREEMENT

Name of student: **Student ID:**.....

SENDING UNIVERSITY:.....The German Jordanian University..... **Country:**Jordan.....

Changes have occurred to the original Learning/Teaching Agreement YES NO

If no changes were made please do not fill this table

If there were changes made to the Learning/Teaching Agreement please fill the table below:

Course code	Course title	Deleted course	Added course	Language of Instruction	Number of ECTS / SWS credits	Number of credits at GJU
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(if necessary, continue this list on a separate sheet)

Student's signature

..... Date:

SENDING UNIVERSITY: GJU

We confirm that the above-listed changes to the initially agreed upon learning/teaching agreement are approved.

Name & signature Exchange Officer

Name & signature Dean of Faculty

Name & signature Head of International Office

.....

.....

.....

Date:

Date:

Date:

HOST UNIVERSITY:

We confirm that the above-listed changes to the initially agreed upon learning/teaching agreement are approved.

Name & signature Departmental Coordinator

Name & signature Institutional Coordinator

.....

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Date:

Date:

