**CHANGES TO ORIGINAL LEARNING/TEACHING AGREEMENT ACADEMIC YEAR 2021/2022 FIELD OF STUDY: Mechatronics Engineering**

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

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

**HOST UNIVERSITY**: .......................................................... **Country**: …..Germany…….

**Changes have occurred to the original Learning/Teaching Agreement:  Yes  No**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Code | Course Title | Deleted Courses | Added Courses | Language of Instruction | Number of ECTS/ SWS | Number of Credits at GJU | Equivalent GJU ID |
|  |  |  |  | German  English |  |  | Select GJU code |
|  |  |  |  | German  English |  |  | Select GJU code |
|  |  |  |  | German  English |  |  | Select GJU code |
|  |  |  |  | German  English |  |  | Select GJU code |
|  |  |  |  | German  English |  |  | Select GJU code |
|  |  |  |  | German  English |  |  | Select GJU code |

***(\*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 by the student’s exchange coordinator and dean. |
| Name & signature Head of International Office  ………………………………………………  Date: ....................................................... | |

International Office

|  |  |
| --- | --- |
| **HOST UNIVERSITY:**  We confirm that the above-listed changes to the initially agreed upon learning/teaching agreement are approved. | |
| Name & signature Departmental coordinator  ............................................................................  Date: ................................................................... | Name & signature Institutional coordinator  .......................................................................................  Date: .............................................................................. |