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 Coordinator	Name & signature Dean of Faculty	Name & signature International Office Coordinator
..... Date: ……	..... Date: ……	…… Date: .....

HOST UNIVERSITY:

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

Name & signature Departmental coordinator	Name & signature Institutional coordinator
..... Date:	..... Date: .....

International Office

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	Number of ECTS / SWS credits	Number of credits at GJU
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....
.....	.....	☐	☐	.....	.....

(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 Coordinator	Name & signature Dean of Faculty	Name & signature International Office Coordinator
.....	.....	.....
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
.....	.....
Date:	Date: .....