

Bitte das Formular am PC ausfüllen! Dieses Formular ist nur auszufüllen, sollte das OLA nicht möglich sein.

### Changes to Original Learning Agreement for Studies – Academic Year 2023/24

**Universität Regensburg – D REGENSB01**

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Name of Student

Field of studies (Field of education)

Study Cycle:

Bachelor/ Staatsexamen     Master     PhD

Name Receiving Institution

Start - End Mobility (Month/ Year)

#### Section to be completed DURING the mobility – Proposed Mobility Program

Changes should be made within a month. Possible reasons for changes: course not offered, time conflict, language of instruction, capacity of class or other.

In case some educational components are not successfully completed by the student, the following provisions apply: Please see <http://www.uni-regensburg.de/international/ausland-studieren/austauschprogramme-europa/anerkennung-leistungen/index.html>

If successfully completed, the educational components of the study program abroad will be recognized by the sending institution in the following way:

**TABLE A**

**TABLE B** 1 No one-to-one match of Table A and Table B or Table C and Table D is required

#### Unchanged Courses from Original Learning Agreement

Course Code receiv. Inst.	Course title / Module (educational component) Study programme at receiving institution	ECTS	Semester (fall/ spring)	Course title UR/ Module UR Recognition at the sending institution	ECTS UR	Annex
						<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"/> *

\*)  = keine Anerkennung nötig (Recognition will not apply because the student has already accumulated the number of credits for his/her degree or because he/she wishes to take the course as a complement to his/her degree, beyond the courses required for his/her degree programme)

**TABLE C**
**TABLE D<sup>1</sup>**
**New Courses**

Course code receiv. inst.	Course title (educational component) Study programme at receiving institution	ECTS	Semester (fall/ spring)	Course title UR/ Module UR Recognition at the sending institution	ECTS UR	Annex
						<input type="checkbox"/> *
						<input type="checkbox"/> *
						<input type="checkbox"/> *
						<input type="checkbox"/> *
						<input type="checkbox"/> *
						<input type="checkbox"/> *
						<input type="checkbox"/> *

\*)  = keine Anerkennung nötig (Recognition will not apply because the student has already accumulated the number of credits for his/her degree or because he/she wishes to take the course as a complement to his/her degree, beyond the courses required for his/her degree programme)

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries). The beneficiary institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. **The sending institution commits to recognise all the credits or equivalent units gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B and Table D.** Any exceptions to this rule are documented in the column 'Annex' and agreed by all parties. The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

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 Student (Name)

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 Date, Signature

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 Academic Responsible Sending Institution (Name)

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 Date, Signature

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 Academic Responsible Receiving Institution (Name)

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 Date, Signature