

(Please complete this form on your computer!)

Hochschule für Technik
und Wirtschaft Berlin

Learning Agreement
Business Administration

S S 2 0 , 1 7

Field of Study

Academic Year

Wester

Christopher

Family Name of Student

First Name(s) of Student

Sending Institution: Hochschule für Technik und Wirtschaft Berlin
Country: Germany

Study Programme abroad / learning agreement

UDESC

Brazil

Receiving Institution

Country

Course unit title of the receiving institution (RI)	ECTS RI	Course unit title of the sending institution (SI)	ECTS SI	Signature course unit coordinator
Portuguese as a Second Language	5	AWE	5	
Corporate Finance	6	Investitionsmanagement, SB34	5	
Management Information Systems	6	Informationsmanagement, B15	5	
Strategic Management and Creativity	6	Innovations- und Technologiemanagement, SB8	5	

*please fill in 6 courses (in order of preference) which should be academically recognised and additional subjects

Berlin, 17.10.2016

Place, Date

Ch. Wester

Signature of the Student

Sending Institution

We confirm that the proposed programme of study / learning agreement is approved.

Place, Date

Signature of the Departmental Coordinator

Place, Date

Signature Institutional Coordinator (Int. Office)

Receiving Institution

We confirm that the proposed programme of study / learning agreement is approved.

Place, Date

Signature of the Departmental Coordinator

Place, Date

Signature Institutional Coordinator (Int. Office)

(Please complete this form on your computer!)

Changes to original proposed study programme / learning agreement
(ONLY if necessary)

Course unit title of the receiving institution (RI)	Deleted course unit	Added course unit	ECTS RI
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

*if necessary, continue list on a separate page

Place, Date

Signature of the Student

Sending Institution

We confirm that the proposed programme of study / learning agreement is approved.

Place, Date

Signature of the Departmental Coordinator

Place, Date

Signature Institutional Coordinator (Int. Office)

Receiving Institution

We confirm that the proposed programme of study / learning agreement is approved.

Place, Date

Signature of the Departmental Coordinator

Place, Date

Signature Institutional Coordinator (Int. Office)