

LEARNING AGREEMENT (Incoming students)

ACADEMIC YEAR 20__/20__ – FIELD OF STUDY: International Program in Engineering
 April 20__ – July 20__ – IPE – Spring 20__

Name of student:	
Sending institution:	Country:

Receiving institution:	DHBW Mosbach – Baden-Württemberg Cooperative State University Mosbach, Germany ERASMUS Code: D MOSBACH01	
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DETAILS OF THE PROPOSED STUDY PROGRAM/LEARNING AGREEMENT

Please note: Participants in the *International Program in Engineering* are required to take part in all courses offered (see program information).

Course Title	Number of ECTS credits	Comments
A.) Automation Systems Engineering (T4_9004)	total 5 ECTS	
A1.) Integrated Industry: Seminar and Excursion		
A2.) Simulative Engineering		
B.) Engineering Operations & Business Management (T4_9005)	total 5 ECTS	
B1.) Project/ Poces/ Quality Management		
B2.) Business Process Management		
B3.) International Business		
C.) Production- and Information Management (T4_9006)	total 5 ECTS	
C1.) Advanced Concepts in Production Management		
C2.) Interdisciplinary Seminar & Lab Practice		
D.) Embedded Systems (T4_9007)	total 5 ECTS	
D1.) IoT - Basics/Embedded Systems- Basics		
D2.) Technical Information Management		
D3.) Lab Practice: IoT Seminar		
E.) Student Research Project /T4_9008)	5 ECTS	
F.) Social and non-technical skills (T4_9009)	5 ECTS	
IN TOTAL	30 ECTS	

Student's signature:	Date:
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SENDING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed program of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/
 LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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 ERASMUS Code: D MOSBACH01

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Course titles	Number of ECTS credits

If necessary, continue the list on a separate sheet.

Student’s signature: Date:

SENDING INSTITUTION

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

Departmental coordinator’s signature

Institutional coordinator’s signature

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Date:

Date:

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Date:

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