

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

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
A.) Automation Systems Engineering (T3IPE3001)	
A1.) Extended Concepts in Automation	total 5 ECTS
A2.) "Integrated Industry": Seminar and Excursion	
A3.) Simulative Engineering	
B.) Engineering Operations & Business Management (T3IPE3002)	total 5 ECTS
B1.) Management of Industrial Processes	lotal 5 EC13
B2.) Project Management	
B3.) International Business	
C.) Production- and Information Management	
(T3IPE3003)	
C1.) Business Information Systems in Production and	
Logistics	total 5 ECTS
C2.) Advanced Concepts in Production Management	
C3.) Interdisciplinary Seminar & Lab Practice	
D.) Embedded Systems (T3IPE3004)	
D1.) Embedded Systems/IoT - Basics	
D2.) Technical Information Management	total 5 ECTS
D3.) Lab Practice: Embedded Systems Seminar	
E.) Student Research Project (T3IPE3005)	5 ECTS
F.) Social and non-technical skills (T3IPE3006)	5 ECTS
	30 ECTS

Student's signature:	Date:

SENDING INSTITUTION We confirm that the proposed program of study/learning agreement is approved.		
Departmental coordinator's signature	Institutional coordinator's signature	
Date:	Date:	
RECEIVING INSTITUTION We confirm that this proposed program of study/learning agreement is approved.		
Departmental coordinator's signature	Institutional coordinator's signature	
Date:	Date:	



CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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Course titles	Number of ECTS credits	
If necessary, continue the list on a separate she	l eet.	
Student's signature:		
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Departmental coordinator's signature	Institutional coordinator's signature	
Date:	_	
RECEIVING INSTITUTION We confirm that this proposed programme of so	tudy/learning agreement is approved.	
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Date:		