



**Learning Agreement (M.Sc. International Software Systems Science - ISoSySc)**

Mrs./Mr. ....  
*Surname, First Name* *enrollment number*

I hereby request approval for the overleaf/following study plan to satisfy the formal requirements of the Master's degree in International Software Systems Science as specified in section §40 of the degree regulations (StuFPO).  
I am aware that this learning agreement does not bind me to attend the specified modules and that it can be changed at any time, subject to reapproval by the degree examining board.  
I am also aware that separate learning agreements are required for internships and international studies abroad in module group A5, and that this additional learning agreement must be submitted in the semester before the start of the internship or my departure for the studies abroad.

Student's contact details:  
.....  
*Zip Code, City*  
.....  
*Street, House number*  
.....  
*Phone* *Email*

**General structure of my personal study plan:**

- full-time study  part-time study
- Start of studies: summer semester  winter semester
- Module Group A5:  
international internship  international study abroad
- Intended focal area(s) according to Section §36 StuFPO: (please specify)  
.....

Proposed Study Plan

Semester	Module	ECTS	SWS	Module Group	Focal Areas
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>1st semester total</b>					
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>2nd semester total</b>					
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>3rd semester total</b>					
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>4th semester total</b>					
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>5th semester total</b>					
<input type="checkbox"/> WS ..... <input type="checkbox"/> SS .....					
<b>6th semester total</b>					
<b>total</b>					

.....  
Place, Date

.....  
Student's Signature

Approved by the MSc ISoSySc Examining Board

.....  
Place, Date

.....  
Signature degree examining board