Bard College Berlin
A LIBERAL ARTS UNIVERSITY

LEARNING AGREEMENT

A: STUDENT INFORMATION

Last Name	First Name	Middle Name
Academic Year yyyy-yyyy	Concentration Area 1	Concentration Area 2

B: HOST INSTITUTION

Name of the Institution	Department

Address

Telephone / fax (including country and city code)

C: COURSE WORK

Course ID/Course Title/Instructor's Name/Credits	Academic Term, Year

D: COMMENTS (optional)

Student's Signature

Date

Adviser's Signature

Date

Academic Dean's Signature

Date

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Office use only:

Date received

Date processed

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Notes: