

## LEARNING AGREEMENT

Name of student: \_\_\_\_\_ Email: \_\_\_\_\_

Study program at home university: \_\_\_\_\_ Matriculation number: \_\_\_\_\_

Receiving institution: \_\_\_\_\_ Country: \_\_\_\_\_

Period of the mobility: \_\_\_\_\_

Learning goals: \_\_\_\_\_

\_\_\_\_\_

Details of the proposed study program		
Course Title	Credits*	Recognised Course in Göttingen

\*local credits at partner institution

Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_

The Faculty of \_\_\_\_\_ confirms that this proposed study program is approved.

Date: \_\_\_\_\_

Departmental coordinator's signature: \_\_\_\_\_