

DAAD

ERASMUS Programme

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

Academic Year 2	011/2012	Field of st	tudy:N	Medicine		
Name of student:						
Sending institution:		Country:				
DETAILS OF THE PR	ROPOSED STU	OY PROGRAM	ME ABRO	AD/LEARNING AGREEMENT		
Receiving institution:			Country	y:		
Course unit code (if any) and page no. of the information package	Course unit title			Number of ECTS credits		
	if necessary, cor	ntinue the list on a	a separate			
Fair translation of grades	must be ensured	d and the stude	nt has beer	n informed about the methodology.		
Student's signature:				Date:		
	SEI	NDING INSTIT	UTION			
We confirm that	the proposed pro	ogramme of stu	udy/learning	g agreement is approved.		
Date: Place:						
Departmental coordinator's sign			onal coordinator's signature:			
M/a a a office de at their	RECE	IVING INST	ITUTION	'		
Date:Place:		Date:		ning agreement is approved.		
Departmental coordinator's sign		. 1000		onal coordinator's signature:		

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Name of student:							
Sending institution:		Country:					
CHANGES TO ORIGINA (to be filled in ONLY if a		PROGRAMN	IE/LEARNING	AGREEMEI	NT		
Course unit code (if any) and page no. of the information package	Course unit title (as in the information pa	ackage)	Deleted course unit	Added course unit	Number of ECTS credits		
	if necessary, co	ontinue this	list on a sepa	rate sheet			
Student's signa		Date:					
	S	ENDING INS	TITUTION				
We confirm that agreement are approven Date:					me of study/learning		
Place:	Place:						
Departmental coordinator's signature:		Institutional coordinator's signature:					
	RFC		STITUTION				
We confirm that	at the above-listed cha				ne of study/learning		
agreement are approve Date:							
DI							
Place:							
Departmental coordinator's signature:		Institutional coordinator's signature:					