

ERASMUS Programme

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

Academic Year 2011/2012 **Field of study:Medicine.....**

Name of student:

Sending institution:..... Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Country:

[illegible]

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student's signature: Date:

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Date:	Date:
Place:	Place:
Departmental coordinator's signature:	Institutional coordinator's signature:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Date:	Date:
Place:	Place:
Departmental coordinator's signature:	Institutional coordinator's signature:

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Name of student:

Sending institution: Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

[illegible]

if necessary, continue this list on a separate sheet

Student's signature:..... Date:.....

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning

agreement are approved.

Date:

Date:

Place: Place:

Departmental coordinator's signature: _____ Institutional coordinator's signature: _____

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning

agreement are approved.

Date:

Date:

Place: Place:

Departmental coordinator's signature: _____ Institutional coordinator's signature: _____

