Philipps-Universität Marburg Dezernat für Internationale Angelegenheiten und Familienservice Deutschhausstraße 11+13 D-35032 Marburg



ECTS- Learning Agreement

Sending Institution: Philipps-Universität Marburg (D MARBURG01)													
Facult	y/Departmen	nt of:											
Receiving Institution:													
Faculty/ Department of:													
Student's Personal Data: Family Name: First name(s):													
Degree & Field of Study: E-Mail:													
Validity period of learning agreement: Academic year: Term:													
		HOST	INSTITUTION		HOME INS	TITUTION							
No.	Course unit code	Title of course unit (short form)			Module	Title or type of course unit (sl	ECTS credits						
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For courses:					For courses:		For courses:						
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Name: Signature			Signature		Signature		Signature						
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Date:	tmontal ECT	S Co-ording	Date: ator's Signature		Date: Date: Signature of Departmental Examination Board Chair:								
Depai		S CO-Olulla	alor s Signalure		Signature of D	epartmentai Exa		1.					
Date:					Date:								
	ving institut	ion			Dale.								
We co	onfirm that thi	s proposed	programme of study/lea	arning ag	reement is app	proved.							
Depai	tmental ECT	S Co-ordina	ator's Signature		Institutional Co	o-ordinator's or R	egistrar's Signature:						
Date:					Date:								
Student's signature:													
Date:													

Please note:

At Philipps-Universität Marburg learning agreements are the responsibility of departmental / faculty ECTS coordinators and are validated by the examination boards of the departments / faculties. A copy of the agreement and any changes must be sent to the Department of International Affairs.



Changes to the above agreement (original agreement must be attached)

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Validity period of learning agreement: Academic year: Term:													
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			programme of study/lea	arning ag	reement is ap	proved.							
Department:			Department:	I	Department:		Department:						
For co	ourses:		For courses:	l	For courses:		For courses:						
Name	:		Name:		Name:		Name:						
Signature			Signature	;	Signature		Signature						
Date:			Date:		Date:		Date:						
	tmental ECT	S Co-ordina	ator's Signature		Signature of Departmental Examination Board Chair:								
			-		-								
Date:					Date:								
	ving institut			_									
			programme of study/lea ator's Signature				Pogiatrar'a Signatura						
Depar	tmental ECT	S Co-oraina	ator's Signature		Institutional C	o-ordinators or F	Registrar's Signature						
Date:				Date:									
Student's signature:													
Date:													

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