

ECTS- Learning Agreement

Sending Institution: Philipps-Universität Marburg (D MARBURG01)						
Faculty/Department 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 INSTITUTION		
No.	Course unit code	Title of course unit (short form)	ECTS credits	Module	Title or type of equivalent course unit (short form)	ECTS credits
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
		Total:			Total:	
Sending institution						
We confirm that this proposed programme of study/learning agreement is approved.						
Department: For courses:		Department: For courses:		Department: For courses:		Department: For courses:
Name: Signature		Name: Signature		Name: Signature		Name: Signature
Date:		Date:		Date:		Date:
Departmental ECTS Co-ordinator's Signature				Signature of Departmental Examination Board Chair:		
Date:		Date:				
Receiving institution						
We confirm that this proposed programme of study/learning agreement is approved.						
Departmental ECTS Co-ordinator's Signature				Institutional Co-ordinator's or Registrar'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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		Total:			Total:	
Sending institution						
We confirm that this proposed programme of study/learning agreement is approved.						
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Name: Signature		Name: Signature		Name: Signature		Name: Signature
Date:		Date:		Date:		Date:
Departmental ECTS Co-ordinator's Signature				Signature of Departmental Examination Board Chair:		
Date:				Date:		
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Date:				Date:		
Student's signature:						
Date:						

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