

Westfälische Wilhelms-Universität Münster

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

Academic Year _____

Field of Study: _____

Name of student:			
Sending Institution		Country:	

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

RECEIVING INSTITUTION

Name of University / Institution: _____

Faculty / Department _____

City / Country _____

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
[If necessary, continue the list on a separate sheet]		

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

Student's signature: _____	Date: _____
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SENDING INSTITUTION

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

DEPARTMENTAL Coordinator

INSTITUTIONAL Coordinator

Date: _____

Date: _____

Place: _____

Place _____

Signature: _____

seal

Signature _____

RECEIVING INSTITUTION

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

DEPARTMENTAL Coordinator

INSTITUTIONAL Coordinator

Date: _____

Date: _____

Place: _____

Place _____

Signature: _____

seal

Signature _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Name of student: _____

Sending Institution _____ Country _____

Course unit code (if any) and page no. of the Information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
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If necessary, continue this list on a separate sheet

Student's signature: _____	Date: _____
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SENDING INSTITUTION

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DEPARTMENTAL Coordinator

INSTITUTIONAL Coordinator

Date: _____

Date: _____

Place: _____ seal

Place: _____

Signature: _____

Signature _____

RECEIVING INSTITUTION

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DEPARTMENTAL Coordinator

INSTITUTIONAL Coordinator

Date: _____

Date: _____

Place: _____ seal

Place: _____

Signature: _____

Signature _____