

Bitte mit folgenden Dateinamen gem. Muster abspeichern und an fb07international@uni-bremen.de senden:

Land_Stadt_Uni_Nachname_Vorname_Fachsemester_BA_during.pdf

ECTS Learning Agreement – During Mobility

Outgoings Bachelor



Semester abroad:

Name:

E-Mail:

Matricul. No. (Bremen):

Specialization Area:

Fachsemester:

Receiving University:

Country:

Coordinator Name + E-Mail:

Web link Course Offer:

Web link Local Grading:

Details of Proposed Study Programme Abroad

| Study Plan at University of Bremen | |
|------------------------------------|--------------|
| Course Title | ECTS Credits |
| | |
| | |
| | |
| | |

| Study Plan at receiving University | | | |
|------------------------------------|--------------|--------------|------------------------------|
| Course Unit Code | Course Level | Course Title | Local Credits / ECTS Credits |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |

Other Courses:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|-----|--|--|
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |
| | B M | | |

Student

University of Bremen

Receiving University

We confirm that the proposed Learning Agreement is approved.

We confirm that the proposed Learning Agreement is approved.

Date / Signature

Date / Signature Departmental Coordinator

Date / Signature Departmental Coordinator