

Student Name: _____
 Student E-Mail: _____
 Matricul. No.: _____
 Field of Study: _____
 Study Level: Bachelor Master

Sending Institution: _____
 Receiving Institution: _____
 Period of Mobility: _____
 Web Link Course Offer: _____
 Web Link Local Grading: _____

Details of Proposed Study Programme Abroad

Study Plan at the Receiving Institution			
Course Unit Code	Course Level (BA / MA)	Course Title	Local Credits / ECTS Credits
Total ECTS Credits:			

Recognition at the Sending Institution		
Module Title	Specialization (if applicable)	ECTS Credits
Total ECTS Credits:		

Student

Date / Signature

University of Bremen

We confirm that the proposed Learning Agreement is approved.

Date / Signature Departmental Coordinator

Receiving University

We confirm that the proposed Learning Agreement is approved.

Date / Signature Departmental Coordinator