



**ERASMUS – EXCHANGE
 LEARNING AGREEMENT
 --CLINICAL ELECTIVES / HOSPITAL ROTATIONS --**

Name of Applicant	
Exchange Program	
Home University	
Field of Study	
Planned Period of Attendance	From to

<i>To be Completed by the Applicant</i>		<i>To be Completed by Ulm University</i>	
Subject / Field (See List on Next Page)	Duration (Weeks)	Status	Period
		<input type="checkbox"/> o.k. <input type="checkbox"/> not possible	From to
		<input type="checkbox"/> o.k. <input type="checkbox"/> not possible	From to
		<input type="checkbox"/> o.k. <input type="checkbox"/> not possible	From to
		<input type="checkbox"/> o.k. <input type="checkbox"/> not possible	From to
		<input type="checkbox"/> o.k. <input type="checkbox"/> not possible	From to

Additional comments	

Student Signature:	Date:
Sending Institution: We confirm that this proposed program of study is approved. Date and Stamp: Coordinator Signature:	Receiving Institution: We confirm that this proposed program of study is approved. Date and Stamp: Coordinator Signature:

