



### **The Student**

Last name (s)		First name (s)	
Date of birth	(DD.MM.YYYY)	Sex	■ Male ■ Female
Nationality 1		Nationality 2 (if applicable)	
UUIm Matr. No.		E-mail	
Field of Education			
Study cycle	First (Bachelor/Staatsexamen/Diplom)	Second (Master)	■ Third (Doctorate)

### **The Sending Institution**

Name	Universität Ulm	Faculty	
Erasmus code	D ULM01	Department	
Contact person name	Dr. Sabine Habermalz Ms. Katja Ketterle	Address	International Office Albert-Einstein-Allee 5, 89069 Ulm
Contact person e-mail	erasmus@uni-ulm.de	Country / Country code	Germany / DE

### **The Receiving Institution**

Name	Faculty	
Erasmus code	Department	
Contact person name	Address	
Contact person e-mail	Country / Country code	





Student: First and last name	UUIm Matr. No.

### STUDY PROGRAMME AT THE RECEIVING INSTITUTION

Planned period of the mobility [MM/YYYY]	From:	Till:
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### **EXCEPTIONAL CHANGES TO TABLE A**

	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Reason for change	Deleted / Added Component	Number of cre at the receiving	
					deleted	added
			Total credit	s before this change:		
A2 Mobility)						
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<u>(</u>						
* Cred	lits are ECTS Ot	her	Total cred	its after this change:		

NB: the German National Agency for Erasmus+ does not require a minimum number of ECTS to be completed per year/semester/term!





Student: First and last name	UUIm Matr. No.
Reasons for exceptional changes to study programme abroad:	
Reasons for deleting a component	Reason for adding a component
<b>DEL1</b> Previously selected educational component is not available at receiving institution <b>DEL2</b> Component is in a different language than previously specified in the course catalogue <b>DEL3</b> Timetable conflict <b>DEL4</b> Other (please specify below)	ADD1 Substituting a deleted component  ADD2 Extending the mobility period  ADD3 Other (please specify below)
Specification: Other reason for change (if applicable)	
DEL4	
ADD3	
Provisions applying if the student does not complete successfully some edu	ıcational components:
Educational components not successfully completed abroad will not be recognized; components deleted in order to adjust to this reduction. However, the student mannot successfully completed abroad after completion of the mobility period, in due to	y choose to take an equivalent exam at Ulm University for each component
Reasons for non-recognition of any component:	





Student: First and last name	UUIm Matr. No.	
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### **RECOGNITION AT THE SENDING INSTITUTION**

### **EXCEPTIONAL CHANGES TO TABLE B**

	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted / Added Component	Number of ECTS credits at the sending institution deleted added	on
		Total cred	lits before this change:		
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		Total cr	edits after this change:		

NB: no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).





Student: First and last name	UUlm Matr. No.	

#### **COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the exceptional changes to the Learning Agreement. The Receiving Institution confirms that the educational components listed as "added" in Table A2 are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B2. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Institution any problems or changes regarding the study programme, responsible persons and/or study period.  The Student:	
The Students	
The Student:	
Name:	
Date: Signature:	
Responsible person in the Sending Institution:	
Name: E-mail:	
Position / Function: Signature &	
Date: Stamp:	
Responsible person in the Receiving Institution:	
Name: E-mail:	
Position / Function: Signature &	
Date: Stamp:	