



## Learning Agreement (PJ)

Proposed Study Period abroad: from \_\_\_\_\_ to \_\_\_\_\_ (dd.mm.yyyy)

1 STUDENT DATA				
Family Name:	First Name(s):		Matriculation Number:	
E-Mail:			Phone:	
Tertial:	1	2	3	
2 HOST INSTITUTION				
Name of Institution / Department:			Country:	
Recognition / Confirmation by Landesprüfungsamt:      Yes              No				
3 PROPOSED STUDY PROGRAM (please use reverse side to report and confirm changes)				
	<b>Clinical Contents</b>			
4 COMPARABLE STUDY PROGRAM AT HOST UNIVERSITY				
5 STUDENT'S SIGNATURE				
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span>Place, Date _____</span> <span>Student Signature _____</span> </div>				
6 HOME INSTITUTION'S CONFIRMATION				
We hereby confirm that the proposed program of study/learning agreement is approved.				
DEPARTMENTAL COORDINATOR				
Date _____	Signature _____	Stamp _____		
7 HOST INSTITUTION'S CONFIRMATION				
We hereby confirm that the proposed program of study/learning agreement is approved.				
DEPARTMENTAL COORDINATOR				
Date _____	Signature _____	Stamp _____		