

## LEARNING AGREEMENT / Auslandsstudienvereinbarung

for mobility planned from \_\_\_\_\_ to \_\_\_\_\_

### Student's Data

Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Study programm (OVGU): \_\_\_\_\_  
Matriculation No. (OVGU): \_\_\_\_\_

### Sending Institution

Name: **Otto-von-Guericke University Magdeburg, Germany**  
International Office advisor: Sylvia Seela Phone: +49 391 67 58779  
E-Mail: sylvia.seela@ovgu.de Fax: +49 391 67 41132

### Receiving Institution

Name: \_\_\_\_\_  
Town / Country: \_\_\_\_\_

Receiving Institution/Kurse der Gasthochschule			Sending Institution/Kurse der OVGU		
Code of course, if any	Course title	Credit points	Title of equivalent course (OVGU). Leave blank in case of no equivalence.	ECTS credit points	Signature of teaching person if required
$\Sigma$			$\Sigma$		

### 1. Student's Signature

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### 2. Sending Institution

We confirm that this proposed learning agreement is approved.

Signature of Coordinator on Institute/Dept. level: \_\_\_\_\_ Signature of the International Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### 3. Receiving Institution

We confirm that the student is entitled to attend the above listed courses.

Signature of International Office or other competent person: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_