



ECTS Learning Agreement

Academic Year: 20 ___ / ___

- winter term
- summer term

Name of Student: _____

Receiving Institution: _____

Country: _____

Details of the Proposed Study Programme Abroad		
Course Code*	Course Title	ECTS Credits

* for example: B.Bio.126 or M.Bio.147-L

if necessary, continue this list on a separate sheet

Date: _____

Student's Signature: _____

Georg-August-University Göttingen (Home Institution):	
We confirm that this proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature:	Stamp:

Date: _____	

Receiving Institution:	
We confirm that this proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature:	Stamp:

Date: _____	