



The Student

Last name (s)		First name (s)	
Date of birth	(DD.MM.YYYY)	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality 1		Nationality 2 (if applicable)	
UULm Matr. No.		E-mail	
Study Programme			
Study cycle	<input type="checkbox"/> First (<i>Bachelor/Staatsexamen/Diplom</i>) <input type="checkbox"/> Second (<i>Master</i>) <input type="checkbox"/> Third (<i>Doctorate</i>)		

The Home Institution

Name	Universität Ulm	Country / Country code	Germany / DE
Faculty		Department	
Contact person name		Contact person e-mail	
Contact person address			

The Host Institution

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

FREE MOVER

LEARNING AGREEMENT: DURING THE MOBILITY



Student: First and last name	UUIM Matr. No.
------------------------------	----------------

STUDY PROGRAMME AT THE HOST INSTITUTION

Planned period of the mobility [MM/YYYY]	From:	Till:
--	-------	-------

CHANGES TO TABLE A

Table A2 (During the Mobility)	Course code (if any)	Course title at the Host Institution (as indicated in the course catalogue)	Deleted / Added Component	Number of credits* at the receiving institution	
				deleted	added
	Total credits before this change:				
* Credits are <input type="checkbox"/> ECTS <input type="checkbox"/> Other (please specify):			Total credits after this change:		



Student: First and last name	UULM Matr. No.
------------------------------	----------------

RECOGNITION AT THE HOME INSTITUTION

EXCEPTIONAL CHANGES TO TABLE B

Table B2 (During the Mobility)	Component code (if any)	Component title at the Home Institution (as indicated in the course catalogue)	Deleted / Added Component	Number of ECTS credits at the sending institution deleted added	
			Total credits before this change:		
	Total credits after this change:				



Student: First and last name	UUI m Matr. No.
------------------------------	-----------------

COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the Home Institution and the Host Institution confirm that they approve the changes to the Learning Agreement. The Host 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 Home Institution commits to recognise all the credits or equivalent units gained at the Host Institution for the successfully completed courses and to count them towards the student's degree as described in Table B2. The student and the Host Institution will communicate to the Home Institution any problems or changes regarding the study programme, responsible persons and/or study period.

The Student:

Name:		Signature:	
Date:			

Responsible person in the Home Institution:

Name:		E-mail:	
Position / Function:		Signature & Stamp:	
Date:			

Responsible person in the Host Institution:

Name:		E-mail:	
Position / Function:		Signature & Stamp:	
Date:			