FREE MOVER

LEARNING AGREEMENT: BEFORE THE MOBILITY



The Student

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

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		

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Student: First and last name	UUlm Matr. No.

STUDY PROGRAMME AT THE HOST INSTITUTION

Planned period of the mobility [MM/YYYY]	From:	Till:
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	Course code	Course title at the Host Institution	Semester / Term	Number of credits*
	(if any)	(as indicated in the course catalogue)		
2				
Mobility)				
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Table				
* C	redits are ECTS	Other (please specify):	Total Credits:	

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Student: First and last name	UUIm Matr. No.
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RECOGNITION AT THE HOME INSTITUTION

	Component code (if any)	Component title at the Home Institution (as indicated in the course catalogue)	Semester / Term	Number of ECTS credits
	(if any)	(as indicated in the course catalogue)		
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Table				
		·	Total Credits:	

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Student: First and last name	UUIm Matr. No.
COMMITMENT OF	THE THREE PARTIES
comply with all the arrangements agreed by all parties. The Host Institution course catalogue and should be available to the student. The Home Institution Institution for the successfully completed educational components and to components.	Institution confirm that they approve the Learning Agreement and that they will on confirms that the educational components listed in Table A are in line with its on commits to recognise all the credits or equivalent units gained at the Receiving ount them towards the student's degree as described in Table B. Any changes to provide the Agreement during the Mobility. The student and the Host Institution will

communicate to the Home Institution any problems or ch	anges regarding the study programme, responsible persons and/or study period	d.
The Student:		
Name:	Signature:	
Date:	Signature.	
Responsible person in the Home Institution:		
Name:	E-mail:	
Position / Function:	Signature &	
Date:	Stamp:	
Responsible person in the Host Institution:		
Name:	E-mail:	
Position / Function:	Signature &	
Date:	Stamp:	
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