Hinweis zum Ausfüllen des Dokumentes

OTTO VON GUERICKE UNIVERSITY
International Office
Universitätsplatz 2
D-39106 Magdeburg
Germany

LEARNING AGREEMENT/Auslands-Studienvereinbarung

for a mobility planned from mm/yyyy to mm/yyyy

Student's Data

Family Name: First Name/s:
Date of Birth: Course of Study (OVGU):
Matriculation n° (OVGU):

Sending Institution

Name: **Otto-von-Guericke University Magdeburg, Germany**
Int'l Student Exchange Advisor: Sylvia Seela Phone: +49 391 67 58779
E-Mail: sylvia.seela@ovgu.de

Receiving Institution

Name:
Town / Country:

Receiving Institution/Kurse der Gasthochschule			Sending Institution/Kurse der OVGU	
Code of course, if any	Course title	**Local credit points**	Title of equivalent course (OVGU). Leave blank in case of no equivalence.	**ECTS credit points**
	Σ	0	Σ	0

1. Student's Signature

Date: Signature:

2. Sending Institution

I herewith approve to the proposed learning agreement.

Signature of Coordinator on Institute/Dept. level: Signature of the Int'l Office/Student Exchange Advisor:

Date: Signature: Date: Signature:

3. Receiving Institution

We confirm that the incoming exchange student shall be entitled to attend the courses listed above.
(Courses may be subject to changes.)

Signature of International Relations Officer or other competent person:

Date: Signature:

Eingaben löschen