



ECTS- Learning Agreement

Please note:

At Philipps-Universität Marburg learning agreements are the responsibility of departmental / faculty ECTS coordinators and are validated by the examinations office of the department / faculty. A copy of the agreement and any changes must be sent to the Referat für Europäische Studienprogramme, Philipps-Universität Marburg.

Sending Institution

Name and full address: Philipps-Universität Marburg (D Marburg 01)		
Faculty/Department of:		
ECTS departmental co-ordinator:		
Phone:	Fax:	Email:

Student's Personal Data

Family Name:	First name(s):
Date of Birth:	Place of Birth:
Sex: -----	E-Mail:
Matriculation date:	Matriculation number (home):

Receiving Institution

Name:		
Faculty/ Department of:		
ECTS departmental co-ordinator:		
Phone:	Fax:	Email:

Degree & Field of Study:

No	Course unit code at host institution	Title of course unit at host institution (short form)	ECTS credits at host institution	Module at home institution	Title or type of equivalent course unit (Studienabschnitt) at home institution (short form)	ECTS credits at home institution
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20						
		Total:				Total:

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Name of student: _____

Sending institution

We confirm that this proposed programme of study/learning agreement is approved.

**Department:
For courses**

Name
Signature

Date:

**Department:
For courses**

Name
Signature

Date:

**Department:
For courses**

Name
Signature

Date:

**Department:
For courses**

Name
Signature

Date:

Departmental ECTS Co-ordinator's Signature

Date:

Signature of Departmental Examination Board Chair:

Date:

Receiving Institution:

We confirm that this proposed programme of study/learning agreement is approved.

Departmental ECTS Co-ordinator's Signature

Date:

Institutional Co-ordinator's or Registrar's Signature:

Date:

Student's signature:

Signature:

Date:

Changes to the above agreement (original agreement must be attached):**Student's Personal Data**

Family Name:	First name(s):
Date of birth:	Place of Birth:
Sex: -----	E-Mail:
Matriculation date:	Matriculation number (home):

Degree & Field of Study:

No	Course unit code at host institution	Title of course unit at host institution (short form)	ECTS credits at host institution	Module at home institution	Title or type of equivalent course unit (Studienabschnitt) at home institution (short form)	ECTS credits at home institution
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		Total:			Total:	

Sending institution

We confirm that this proposed programme of study/learning agreement is approved.

Department: For courses	Department: For courses	Department: For courses	Department: For courses
Name Signature	Name Signature	Name Signature	Name Signature
Date:	Date:	Date:	Date:
Departmental ECTS Co-ordinator's Signature		Signature of Departmental Examination Board Chair:	
Date:		Date:	

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Receiving Institution:

We confirm that this proposed programme of study/learning agreement is approved.

Departmental ECTS Co-ordinator's Signature

Institutional Co-ordinator's or Registrar's Signature:

Date:

Date:

Student's signature:

Signature:

Date:
