

## LEARNING AGREEMENT FOR STUDIES

### The student

Last name(s)		First name(s)	
Date of birth and birth place		Nationality	
Sex (Male/Female)		Academic year	20 /20
Study cycle	Postgraduate/ MA:	Subject area (Studiengang)	Public Health
Phone		E-mail	

### The sending institution

Name		Erasmus code	
Department			
Address		Country	
Administrative contact person		Contact person e-mail / phone	

### The receiving institution

Name	Charité Universitätsmedizin Berlin  Faculty of Medicine, Freie Universität and Humboldt-Universität zu Berlin	Erasmus code	D BERLIN 01  D BERLIN 13
Address	Charitéplatz 1 10117 Berlin	Country	Germany
Contact person name	Ms. Marina Knoll	Contact person e-mail / phone	Email : <a href="mailto:marina.knoll@charite.de">marina.knoll@charite.de</a>  Phone : +49 30 450 570 816

### Language competence of the student / Sprachkenntnisse der/des Studierenden

The level of language competence in ...German... (*main language of instruction*) that the student already has or agrees to acquire by the start of the study period is:

A1: A2: B1: B2: C1: C2:

## Section to be completed BEFORE THE MOBILITY ORIGINAL LEARNING AGREEMENT

### I. Proposed mobility programme

Student's last name (s): \_\_\_\_\_ Student's first name (s): \_\_\_\_\_ year of study \_\_\_\_\_

Planned period of the mobility: from \_\_\_\_\_ (month/year) until \_\_\_\_\_ (month/year)

#### Table A: Study programme abroad

##### Selection of Modules

Component code (Module No.)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn/ spring/ summer]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
<b>1<sup>st</sup> semester</b>			

Component code (Module No.)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn/ spring/ summer]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
<b>2<sup>nd</sup> semester</b>			
			<b>ECTS Total:</b>

**Table B:** Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad

Component code (if any)	Component title (as indicated in the course catalogue) at the home institution	Semester [autumn/ spring/ summer]	Number of ECTS credits to be awarded by the home institution upon successful completion
ECTS Total:			

**II. Responsible persons**

**Responsible person at the sending institution:**

Name: \_\_\_\_\_ Function: Departmental Erasmus Coordinator  
 Faculty: \_\_\_\_\_ Department: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Responsible person at the receiving institution:**

Name: Ms. Marina Knoll Function: Prüfungsamt Public Health  
 Faculty: Charité Universitätsmedizin Berlin, Faculty of Medicine, PUBLIC HEALTH D BERLIN 01 / D BERLIN 13  
 Phone number: +49 30 450 576 127 E-mail: [marina.knoll@charite.de](mailto:marina.knoll@charite.de)

### III. Commitment of the three parties

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

#### The student

Student's name:

Student's signature:

Date:

#### The sending institution

Responsible person's signature:

Date:

Institution's stamp:

#### The receiving institution

Responsible person's signature:

Date:

Institution's stamp:

## Section to be completed DURING THE MOBILITY CHANGES TO THE ORIGINAL LEARNING AGREEMENT

### I. Exceptional changes to the proposed mobility programme

Student's last name (s): ..... Student's first name (s): .....

In case of extension of stay abroad

Originally planned period of the mobility: from ..... (month/year) until ..... (month/year)

Changed period of the mobility: from ..... (month/year) until ..... (month/year)

**Table C:** Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total:</b>					

**Table D:** Exceptional changes to the group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change	Number of ECTS credits to be awarded by the home institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total:</b>					

The student, the sending and the receiving institutions confirm that they approve the proposed changes to the mobility programme.

**The student**

Student's name:

Student's signature:

Date:

**The sending institution**

Responsible person's signature:

Date:

Institution's stamp:

**The receiving institution**

Responsible person's signature:

Date:

Institution's stamp:

**II. Changes in the responsible person(s), if any**

**New responsible person at the sending institution:**

Name:

Function:

Faculty:

Department:

Phone number:

E-Mail:

**New responsible person at the receiving institution:**

Name:

Function:

Faculty:

Department:

Phone number:

E-mail: