

LEARNING AGREEMENT FOR STUDIES

The student

Last name(s)		First name(s)	
Date & place of birth	in	Nationality	
Sex (<i>Male/Female</i>)		Academic year	
Study cycle	Undergraduate/ BA: Postgraduate/ MA: Doctorate/ Promotion:	Subject area	0912 Medicine 0914 Dentistry Other:
Year of study			
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	Angelika Cernitori Nikola Lepom	Contact person e-mail / phone	International-students@charite.de

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

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
			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: Angelika Cernitori	Function: ERASMUS Coordinator Incoming students
Faculty: Charité Universitätsmedizin Berlin, Faculty of Medicine, D BERLIN 01 / D BERLIN 13	
Phone number:	E-mail: international-students@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 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"/>		
Total:					

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"/>		
Total:					

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: