

Fakultät für Biologie und Psychologie

ECTS Learning Agreement		Academic Year:	20	_/ =	=
Name of Student:					
Sending Institution:					
Country:					
Details of the Proposed Study Programme Abroad					
Course Code*	Course Title				ECTS Credits
* for example: B.Bio.126 or M.Bio.147-L if necessary, continue this list on a separate shee					s list on a separate sheet
Date:					
Student's Signature:					
Sending Institution:					
We confirm that this proposed programme of study / learning agreement is approved. Departmental coordinator's signature: Stamp:					
					
Date:					
Georg-August-University Göttingen (Host Institution):					
We confirm that this proposed programme of study / learning agreement is approved.					
Departmental coordinator's signature: Stamp:					
Date:					