## **Details of Proposed Study Programme Abroad/ Learning Agreement**

Name of student: Receiving Institution: Hochschule Magdebu	urg-Stendal, D MAGDEBU04	Countr	y: Germany	
Period of study abroad from	to			
Total duration in months of stay abroad:				
Subject title (as indicated in the study and examination regulations of the study course) No. of credits				

<u>NOTE:</u> For technical reasons (e.g. timetable clashes) it may not be possible to take all the subjects proposed. It is important for the student to inform his/her home institution about the subjects finally selected.

I agree that these data will be stored and processed electronically and transmitted to the universities concerned (also via e-mail) exclusively for the purpose of organising my study period abroad.

Student's signature:	Date:			
SENDING INSTITUTION: I confirm that this Learning Agreement is approved.				
Departmental Coordinator's signature:	Date	:		
Institutional Coordinator's signature:	Date	:		
<b>RECEIVING INSTITUTION:</b> I confirm that this Learning Agreement is approved.				
ECTS Coordinator's signature:	Date	:		
Institutional Coordinator's signature:	Date	:		