

# LEARNING AGREEMENT

## THE STUDENT

Name:		First name(s):	
Date of birth:		Nationality:	
Phone:		E-Mail:	
Start date:		End date:	

Subject area, EU-code	0912
B.A/B.Sc. <input type="checkbox"/> B.Ed. <input type="checkbox"/> M.A./M.Sc. <input type="checkbox"/> M.Ed. <input type="checkbox"/> St.Ex. <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

## THE SENDING INSTITUTION

Name (Code):	Johannes Gutenberg-Universität (D MAINZ01)
Contact:	Lenka Tucek (ERASMUS Institutional Co-ordinator) Johannes Gutenberg- University International Office -INT- 55099 Mainz Germany Phone: +49-6131-39-20039 E-Mail: erasmus@international.uni-mainz.de

## THE RECEIVING INSTITUTION

Name (Code):	
Contact:	

# LEARNING AGREEMENT for \_\_\_\_\_

## A) PROPOSED MOBILITY PROGRAMME AT THE RECEIVING INSTITUTION:

Component code <sup>1</sup> (if any)	Component title at the receiving institution (see course catalogue)	Semester [autumn/ spring; term]	Non- recognition at JGU <sup>2</sup> (X)	ECTS- credits
		Total (ECTS):		

<sup>1</sup>An "educational component" is a self-contained and formal structured learning experience that features learning outcomes, -credits and forms of assessment. Examples of educational components are: a course, module, seminar, laboratory work, practical work, preparation / research for a thesis, mobility window or free electives.<sup>2</sup> **Non-recognition:** You can only choose "X" if you already have completed this module or the module is not foreseen in your study plan

### Web link to the course catalogue at the receiving institution describing the learning outcomes:

## 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:

COMPLETED AT THE SENDING INSTITUTION AND WHICH WILL BE REFERRED BY THE STUDY ABROAD.			
Component code (if any)	Component title at the sending institution (see course catalogue)	Semester [autumn/ spring; term]	ECTS credits
	Die Anerkennung von im Ausland erworbenen Studienleistungen erfolgt im Staatsexamensstudiengang Medizin ausschließlich durch das Landesprüfungsamt für Medizin und ist von dem Studierenden eigenverantwortlich mit dem Landesprüfungsamt abzustimmen.		
No one to one match with the proposed mobility programme is required!		Total (ECTS):	

If the student does not complete successfully some educational components, the following provisions will apply (specification or web link to relevant information):

☒ The Student will repeat the course(s) at the home institution

☐ Other provision: \_\_\_\_\_

**Language competence of the student<sup>3</sup>:**

The level of language competence in the 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 ☐    Native speaker ☐

<sup>3</sup>For the Common European Framework of Reference for Languages (CEFR) see  
<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

**RESPONSIBLE PERSONS AND COMMITMENT OF THE THREE PARTIES:**

**Responsible person<sup>4</sup> in the sending institution:**

Name: Dr. Arnold-Fabian

Function: Managing Director Faculty of Medicine

Phone number: 0049 (0) 6131/17-9984

E-Mail: [auslandsstudium-medizin@uni-mainz.de](mailto:auslandsstudium-medizin@uni-mainz.de)

<sup>4</sup>**Responsible person in the sending institution:** an academic who has the authority to approve the Learning Agreements, to exceptionally amend them as well as to guarantee full recognition of such programmes on behalf of the responsible academic body.

**Responsible person<sup>5</sup> in the receiving institution:**

Name:

Function:

Phone number:

E-Mail:

<sup>5</sup>**Responsible person in the receiving institution:** an academic who has the authority to approve the Learning Agreements of incoming students and is committed to give them academic support in the course of their studies at the receiving institution.

**THE STUDENT**

Name and student's signature:

Date:

**THE SENDING INSTITUTION<sup>6</sup>**

Responsible person's signature:

Date:

Dr. U. Arnold-Fabian

<sup>6</sup>**The sending institution** commits to recognize the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degrees as described in the table above.

**THE RECEIVING INSTITUTION<sup>7</sup>**

Responsible person's signature:

Date:

<sup>7</sup>**The receiving institution confirms** that the educational components listed in the Learning Agreement are in line with its course catalogue.