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 **PROMOS Learning Agreement
 Student Mobility for:** [ ]  **Studies** [ ]  **Traineeship/Internship**

 **Academic Year 20\_\_/20\_\_**

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| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** |
|  |  |  |  |
| **Gender** | **Study cycle** | **Study Course** |
|  | [ ]  Bachelor [ ]  Master |  |
| **Sending Institution** | **Name** | **Country** | **Administrative contact person name; email; phone** |
|  **Hochschule Neubrandenburg** | **Germany** |  |
| **Receiving Institution**  | **Name** | **Faculty/Department** | **City, Country** | **Administrative contact person name; email; phone** |
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| **DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT** |
| **Course unit code** (if any) and page no. of the information package | **Course unit title** (as indicated in the information package) | **Number of ECTS credits** |
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| **Fair translation of grades must be ensured and the student has been informed about the methodology.If necessary, continue this list on a separate sheet.** |

 **Before the Mobility**

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| **We confirm that the proposed programme of study/learning agreement is approved.** |
| **Commitment** | **Name** | **Email** | **Place, Date** | **Signature** |
| **Student** |  |  |  |  |
|  **Sending Institution: Hochschule Neubrandenburg** |
| **Departmental Coordinator**  |  |  |  |  |
| **Institutional Coordinator**  |  |  |  |  |
|  **Receiving Institution** |
| **Departmental Coordinator**  |  |  |  |  |
| **Institutional Coordinator**  |  |  |  |  |

**Commitment of the three parties**

 **During the Mobility**

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| **CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**(to be filled in only if appropriate) |
| **Course unit code** (if any) and page no. of the information package | **Course unit title** (as indicated in the information package) | **Deleted course unit** | **Added course unit** | **Number of ECTS credits** |
|  |  | [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  |  |
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|  **If necessary, continue this list on a separate sheet.** |

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| **We confirm that the changes to the proposed programme of study/learning agreement are approved.** |
| **Commitment** | **Name** | **Email** | **Place, Date** | **Signature** |
| **Student** |  |  |  |  |
| **Departmental Coordinator at the Sending Institution** |  |  |  |  |
| **Departmental Coordinator at the Receiving Institution** |  |  |  |  |

**Commitment of the three parties**

 **After the Mobility**

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| **COMPLETED STUDY PROGRAMME - ACHIEVED PERFORMANCE** (to be filled in only if appropriate) |
| **Course unit code** (if any) and page no. of the information package | **Course unit title** (as indicated in the information package) |  **Number of ECTS credits** | **Local Grade**  |
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|  **If necessary, continue this list on a separate sheet.** |
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| **Duration of stay at the Receiving Institution/Enterprise** |
| **Name of the Student/Trainee** |
|  |
| **Address of the Receiving Institution/Enterprise** |
|  |
| **Start date and end date of the complete study time/traineeship** | **From [Day/Month/Year]**  | **To [Day/Month/Year]** |
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| **Signature of the Supervisor at the Receiving Institution** |
| **Date, Signature, Stamp** |  |