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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** |  |