



# SOCRATES/ERASMUS Learning Agreement

## Faculty of Medicine, Georg-August-University Göttingen



Please complete in the language used by the host University.

Academic year: \_\_\_\_\_ Field of study: Medicine

Name of Student: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Country: \_\_\_\_\_

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Course Unit Code	Course Unit Title	ECTS Credit Points

If necessary, please continue list on a separate sheet

Student's signature

Date

### University of Göttingen

We confirm that the proposed programme of study/learning agreement has been approved.

Departmental Co-ordinator

Sub-Dean for Student Affairs

Date

Stamp

Date

Stamp

### Host Institution

We confirm that the proposed programme of study/learning agreement has been approved.

Departmental Co-ordinator

Institutional Co-ordinator

Date

Stamp

Date

Stamp