



## LEARNING AGREEMENT FOR MEDICAL EXCHANGE STUDENTS

ACADEMIC YEAR 2019/20

### I. PERSONAL DETAILS OF THE STUDENT

Name of the student:	
Date and place of birth:	
Address:	
Country	
E-mail:	

### II. SENDING INSTITUTION

Sending Institution:	
Address:	
Country:	
Coordinator:	
E-mail:	

### III. DETAILS OF THE PROPOSED STUDY PROGRAMME AT THE RECEIVING INSTITUTION

Host organisation:	University of Cologne, Faculty of Medicine
Address:	University of Cologne, Faculty of Medicine ZIB Med / Center for International Relations Joseph-Stelzmann-Str. 20 50931 Cologne
Country:	Germany
Coordinator:	Dr. Benjamin Köckemann (Head of ZIB Med)
E-mail:	benjamin.koeckemann@uk-koeln.de

SUBJECT:	ECTS CREDITS:

### IV. COMMITMENT OF THE THREE PARTIES

#### THE STUDENT

Date:

Student's signature:

#### THE SENDING INSTITUTION

We confirm that this proposed study programme is approved

Date:

Coordinator's signature:

#### UNIVERSITY OF COLOGNE

We confirm that this proposed learning agreement is approved

Date:

Coordinator's signature: