



University of Cologne
Medical Faculty

**LEARNING AGREEMENT
 FOR MEDICAL EXCHANGE STUDENTS**

ACADEMIC YEAR 20 - 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: Faculty of Medicine, University of Cologne
 Address: Faculty of Medicine, University of Cologne
 ZIB Med / Centre for International Relations
 Joseph-Stelzmann-Str. 20 50931 Cologne

 Country: GERMANY
 Coordinator: Dr. Benjamin Köckemann
 E-mail: zibmed@uk-koeln.de

III. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Host organisation:	_____
Country:	_____
Exchange period:	_____
Contact person – name:	_____
Contact person – e-mail:	_____

SUBJECT / COURSE UNIT at The Receiving University: _____ WORKLOAD (CREDIT POINTS): _____

SUBJECT / COURSE UNIT - Recognition at the Sending University: _____ WORKLOAD (CREDIT POINTS): _____

IV. COMMITMENT OF THE THREE PARTIES

THE STUDENT	UNIVERSITY OF COLOGNE	THE RECEIVING INSTITUTION
	We confirm that this proposed learning agreement for studies is approved.	We confirm that this proposed learning agreement for studies is approved. On completion of the term abroad the organisation will issue a certificate to the student.
Date:	Date:	Date:
Student's signature:	Coordinator's signature:	Coordinator's signature: