



Exchange semester Latin America

LEARNING AGREEMENT

Name partner university _____

Student Name _____

Semester Year _____

Course 1:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____

Course 2:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____

Course 3:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____



Course 4:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____

Course 5:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____

Course 6:

Title: _____

Duration per week in minutes (e.g. 120 min.): _____

Examination form, volume and number (e.g. 1 x paper 10 pages, 1 x written test):

Name Lecturer: _____

Signature Lecturer: _____

We **herby certify that the information provided** in this form is correct

Signature/Stamp International Office partner university: _____

Date _____/Place _____

I **herby certify that the information provided** in this form is correct

Signature Student: _____

Date _____/Place _____