Bitte tragen Sie hier Ihre Daten, die Daten der SOM und die Daten Ihrer Gastuniversität ein

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [*M/F*]		Academic year	20../20..
LMU Study Programme Major		LMU Study Programme Minor	
Study cycle		Subject area, Code	
Phone		E-mail	

The Sending Institution

Name	LMU Munich	Faculty	LMU Munich School of Management
Erasmus code (if applicable)	D MUNCHEN 01	Department	
Address	Geschwister-Scholl-Platz 1	Country, Country code	Germany
Contact person name	Dr. Sandra Baringhorst	Contact person email / phone	irc@som.lmu.de

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person name		Contact person email / phone	

Part 1 - Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ……. till [month/year] ……

Table A: Study programme abroad

Serial No.	Component title at the receiving institution (as indicated in the course catalogue)	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion	Course is part of Major/ Minor Subject	Recognition will not apply as indicated below *[tick if applicable]*
1	Bank and Fintech: Vision and Strategy	Autumn	7,5	*Major*	☐
2	Finance and Development	Autumn	7,5		☐
3	Innovation and entrepreneurship in the digital age	Autumn	7,5		☐
4	Pricing Analytics	Autumn	7,5		☐
5	Italian Language Course	Autumn	3		☒
			Total: 33		

Bitte Kurse fortlaufend nummerieren

If Recognition will not apply, please indicate reason:

☐ The student has already accumulated the number of credits required for his/her degree and does not need some of the credits gained abroad.

☐ The student follows additional courses beyond those required for his/her degree programme and agrees that those voluntary courses will not be recognised.

Web link to the course catalogue at the receiving institution:

Table B: Group of educational components to be replaced at the sending institution

Serial No.	**Component title at the receiving institution (as indicated in the course catalogue)**	**Semester [autumn / spring] [or term]**	**Number of ECTS credits to be awarded by the sending institution upon successful completion**	**Course is part of Major/ Minor Subject**
1	WP 18/35/36/37 (Advanced) Elective Topics in Business Administration I/II		6	*Major*
2	WP 18/35/36/37 (Advanced) Elective Topics in Business Administration I/II		6	*Major*
3	*WP 18/35/36/37 (Advanced) Elective Topics in Business Administration I/II*			*Major*
4	*WP 18/35/36/37 (Advanced) Elective Topics in Business Administration I/II*		6	*Major*
			Total: 24	

Laufende Nummer gemäß Table A

ECTS des LMU-Moduls

Modulkürzel LMU (z.B. Wegweiser der PO) inkl. Code

NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window.

If the student does not complete successfully some educational components, the following provisions will apply:

The decision about the following provisions will be taken by LMU´s responsible person(s) on an individual basis.

Language competence of the student

The level of language competence in* _____ that the student already has or agrees to acquire by the start of the study period is:

A 1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐

*Main Language of Instruction

II. RESPONSIBLE PERSONS

Responsible person in the sending institution (Major Subject):

Name: Dr. Sandra Baringhorst Function: Head of IRC

Phone number: - Email: irc@som.lmu.de

Responsible person in the sending institution (Minor Subject):

Name: Function:

Phone number: Email:

Responsible person in the receiving institution (Minor Subject):

Name: Function:

Phone number: Email:

Bitte tragen Sie hier Namen, E-Mail und Position Ihrer Ansprechpartner der LMU und Ihrer Gastuniversität ein

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in this Learning Agreement and agreed by all parties.

The student is free in his/her decision whether the credits of his/her Erasmus study abroad period will be counted his/her degree in case of a not satisfactory outcome. If so, the student needs to claim a declaration of renunciation at LMU´s international office after his/her return.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student	
Student’s signature	Date:

The sending institution	
Responsible person’s signature (Major Subject)	Date:

The sending institution	
Responsible person’s signature (Minor Subject)	Date:

The receiving institution	
Responsible person’s signature	Date:

LEARNING AGREEMENT FOR STUDIES

Part 2 - Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

The Student

Last name (s)		First name (s)	

The Sending Institution

Name		Faculty	

The Receiving Institution

Name		Faculty	

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the receiving institution	**Component title (as indicated in the course catalogue) at the receiving institution**	**Deleted component** *[tick if applicable]*	**Added component** *[tick if applicable]*	**Reason for change***	**Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component**	**Recognition will not apply as indicated below** *[tick if applicable]*
		☐	☐			☐
		☐	☐			☐
		☐	☐			☐
		☐	☐			☐
		☐	☐			☐
					Total:	

If Recognition will not apply, please indicate reason:

☐ The student has already accumulated the number of credits required for his/her degree and does not need some of the credits gained abroad.

☐ The student follows additional courses beyond those required for his/her degree programme and agrees that those voluntary courses will not be recognised.

*__Reasons for exceptional changes to study programme abroad:__

Reasons for deleting a component	*Reason for adding a component*
A1) Previously selected educational component is not available at receiving institution	B1) Substituting a deleted component
A2) Component is in a different language than previously specified in the course catalogue	B2) Extending the mobility period
A3) Timetable conflict	B3) Other (please specify)
A4) Other (please specify)	

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme. Approval can be done by signature of the student and of the sending and receiving institution responsible persons.

The student	
Student's signature	Date:

The sending institution	
Responsible person's signature (Major Subject)	Date:

The sending institution	
Responsible person's signature (Minor Subject)	Date:

The receiving institution	
Responsible person's signature	Date:

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

New responsible person in the sending institution:	
Name:	Function:
Phone number:	E-mail:

New responsible person in the receiving institution:	
Name:	Function:
Phone number:	E-mail: