



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

DEPARTMENT PHARMAZIE  
ZENTRUM FÜR PHARMAFORSCHUNG  
STUDIENGANGSKOORDINATION PHARMAZIE



## M.Sc. Pharmaceutical Sciences – External Master's Thesis

### Learning Agreement

Student (Surname, Name)	
Home Institution	Department of Pharmacy, LMU Munich
Department/Institute	
Academic Supervisor Home Institution	
Host Institution	
Department/Institute	
Academic Supervisor Host Institution	

Title	Type of Course Unit	Duration and ECTS
	Master Thesis (P 6.1)	24 weeks / 28 ECTS

.....  
Place, Date

.....  
Student's Signature

**We confirm that this proposed programme of study is approved:**

.....  
Place, Date

.....  
Signature, Academic Supervisor Host Institution

.....  
Place, Date

.....  
Signature, Academic Supervisor Home Institution

**Please return this form to:**

Dr. Tanja Mahnecke  
Studiengangskoordination am Department Pharmazie  
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