LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

DEPARTMENT FÜR PHARMAZIE
ZENTRUM FÜR PHARMAFORSCHUNG

STUDIENGANGSKOORDINATION PHARMAZIE

Learning Agreement
(WPF, State Exam Course Pharmacy)

Student (Name, First Name):	
Student e-mail address:	@campus.lmu.de
Home Institution:	
Department/Institute:	
Academic Supervisor Home Institution:	
Host Institution:	
Department/Institute:	
Academic Supervisor Host Institution:	

Title	Type of Course Unit	Type of exam (written, oral, seminar paper, presentation, …)
	Wahlpflichtpraktikum	

Possible starting date: …… Possible finish date: ……

…….....
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:

Ferdinand Breu
Studiengangskoordination am Department Pharmazie
Butenandtstr. 5 - 13, 81377 München
Haus C, Raum C0.061

WPF = Wahlpflichtfach (8 SWS), Staatsexamen Pharmazie