LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

DEPARTMENT FÜR PHARMAZIE
ZENTRUM FÜR PHARMAFORSCHUNG

STUDIENGANGSKOORDINATION PHARMAZIE

Learning Agreement

Compulsory optional subject - M.Sc. Pharmaceutical Science

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 and Module Nr.	Type of Course Unit	Type of exam (written, oral, seminar paper, presentation, ...)	ECTS
	Compulsory optional lab course (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:

Dr. Tanja Mahnecke
Studiengangskoordination am Department Pharmazie
Butenandtstr. 5 - 13, 81377 München
Haus C, Raum C0.061

*WP 1-4 and/or WP 5-8