

Freemover Learning Agreement

Before the Mobility

Student	Last name(s)	First name(s)	Date of birth	Nationality	Gender [M/F/U]	Semester	Study Program
Sending Institution	Name	Faculty/Department	Country	Administrative contact person name; email			
	University of Rostock		Germany				
Receiving Institution	Name	Faculty/ Department	Country	Administrative contact person name; email			

Mobility type (select one)	Estimated duration (to be confirmed by the Receiving Institution)
<ul style="list-style-type: none"> 1 Semester <input type="checkbox"/> / Virtual component <i>(only if applicable)</i> <input type="checkbox"/> 2 Semesters <input type="checkbox"/> / Virtual component <i>(only if applicable)</i> <input type="checkbox"/> 	Planned period of the physical mobility: from [month/year] <div style="text-align: right;">to [month/year]</div>

Study Programme at the Receiving Institution				
Table A Before the mobility	Course Code (if any)	Course Title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
Total:				
Web link to the course catalogue at the Receiving Institution: 				

Recognition at the Sending Institution				
Table B Before the mobility	Course Code (if any)	Course Title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring term]	Number of ECTS credits (or equivalent) to be recognised by the Sending Institution
Total:				

Commitment				
<p>By signing this document, the student and the Sending Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Sending Institution commits to recognise all the credits or equivalent units 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 (this recognition will take place automatically for all successfully completed components that were listed in Table B of the Learning Agreement(s)). The student will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.</p>				
Commitment	Name	Email	Date	Signature
Student				
Responsible person at the Sending Institution				

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During Mobility

Exceptional changes to Table A (to be approved by signature by the student and the responsible person in the Sending Institution)						
Table A2 During the mobility	Course Code (if any)	Course Title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Exceptional changes to Table B (if applicable) (to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)					
Table B2 During the mobility	Course Code (if any)	Course Title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Commitment					
By signing this document, the student and the Sending Institution confirm that they approve the changes to the Learning Agreement and that they will comply with all the arrangements agreed by all parties.					
Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the Sending Institution					

Reasons for deleting a component	1. Previously selected educational component is not available at the Receiving Institution 2. Component is in a different language than previously specified in the course catalogue 3. Timetable conflict 4. Other
Reason for adding a component	5. Substituting a deleted component 6. Extending the mobility period 7. Adding a virtual component