University of Passau Individual Learning Agreement Faculty of Humanities and Cultural Studies



To be filled out by t	he student						
				part of my degree progran alogue of my degree prog		of Passau in accordanc	e with the subject-
Surname			First name			Matriculation number	
E-Mail			•	Degree programme at the University of Passau		'	
Name/city/country of host university				Planned duration of study stay			
Course title at the host university		Lecturer (if known)	Hours/week	Desired module in the degree programme at the University of Passau		Examination number (cf. module catalogue)	ECTS credits
		dividual learning agreem orship) at the University		-mentioned course at the	host university has r	not been submitted for re	ecognition to any
Place, date			Signature of the student				
			•				
To be filled out by t	he module coo	rdinator					
	corresponding mode	ule catalogue for the applican		t university, the credits earned w e. For examinations taken abroa			
Place, date			Signature of the module coordinator				
						Stamp	