

Table B: Recognition at the Sending Institution

No one to one match with Table A is required. Table B may be completed with a reference to the mobility window.

Code (if any)	Title at the sending institution (Course/module)	Semester	Number of ECTS credits
		Total:

Provisions applying if the student does not complete successfully some educational components:
www.uni-potsdam.de/studium/ausland/studium/erasmus.html

Language competence of the student

The level of language competence in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is*:

A1 A2 B1 B2 C1 C2 Native speaker

*B2 is recommended

COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Beneficiary Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. 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. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

The student

Signature: _____ Date: _____

Responsible person in the sending institution

Name: _____ Function: _____
 Phone: _____ E-mail: _____
 Signature: _____ Stamp/Date: _____

Responsible person in the receiving institution:

Name: _____ Function: _____
 Phone: _____ E-mail: _____
 Signature: _____ Stamp/Date: _____