**STUDIENVERTRAG / LEARNING AGREEMENT**

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| **Akademisches Jahr / Academic year** |  | **[ ]**  | Herbstsemester / Autumn semester | **[ ]**  | Frühjahrssemester /Spring semester |
| **Fachbereich / Studienfach** |  |

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| **Name der/des Studierenden / Name of student:** |  |
| **Heimatuniversität /Home University:** | **Universtät Bern / University of Bern** | **Land / Country:** | **Schweiz / Switzerland** |
| **Gastuniversität / Host University:** |  | **Land / Country:** |  |

**GEPLANTES STUDIENPROGRAMM / PLANNED STUDY PROGRAMME**

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| **Kurs Nr. /Course no.** | **Bezeichnung der Veranstaltung /Course title**  | **Kredit-Punkte Gastuni. /credits host univ.** | **ECTS-Punkte / ECTS credits** |
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| Unterschrift der/des Studierenden / Student’s signature …………………………………… | Datum / Date: |       |

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| **HEIMATUNIVERSITÄT / HOME UNIVERSITY** |
| Unterschrift FachbereichskoordinatorIn /Departmental coordinator’s signature ……………………………………………………. |
| Datum und Stempel / Date and stamp:       |

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| **GASTUNIVERSITÄT / HOST UNIVERSITY** |
| Name FachbereichskoordinatorIn / Unterschrift /Departmental coordinator’s name:       Signature ……………………………………. |
| Datum und Stempel / Date and stamp:       |

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| **Name der/des Studierenden / Name of student:** |  |
| **Heimatuniversität /Home University:** | **Universtät Bern / University of Bern** | **Land / Country:** | **Schweiz / Switzerland** |

**ÄNDERUNGEN ZUM GEPLANTEN STUDIENPROGRAMM / CHANGES TO PLANNED STUDY PROGRAMME/LEARNING AGREEMENT**

(Nur ausfüllen, falls erforderlich / to be filled in ONLY if appropriate)

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| **Kurs Nr. /Course no.** | **Bezeichnung der Veranstaltung /Course title**  | **Kurs gestrichen / Deleted course unit** | **Zusatz- kurs / Added course unit** | **Kredit-Punkte Gastuni. /credits host univ.** | **ECTS Punkte / Number of ECTS credits** |
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| Unterschrift der/des Studierenden / Student’s signature …………………………………… | Datum / Date: |       |

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| **HEIMATUNIVERSITÄT / HOME UNIVERSITY**Wir bestätigen, dass die oben aufgelisteten Änderungen des Studienprogramms akzeptiert sind. / We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved**.**Unterschrift FachbereichskoordinatorIn / Departmental coordinator’s signature ……………………………………………………Datum und Stempel / Date and stamp:       |

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| **GASTUNIVERSITÄT / HOST UNIVERSITY**Wir bestätigungen, dass die oben aufgelisteten Änderungen des Studienprogramms akzeptiert sind. / We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved**.**Name FachbereichskoordinatorIn/ Unterschrift /Departmental coordinator’s name:       Signature …………………………………….Datum und Stempel / Date and stamp:       |