

Free Mover Learning Agreement

Student	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender: [Male/Female/Undefined]	Student ID	Field of education ²
Sending Institution	Name	Faculty /Department	Address		Country	Contact person name; email; phone	
	Medizinische Universität Wien		Spitalgasse 23, 1090 Wien		Austria, AT	Flatzbauer, Susanne, Amtsärztin freemover@muv.ac.at 0043-1-40 160 - 25226	
Receiving Institution	Name	Faculty/ Department	Address		Country	Contact person name ³ ; email; phone	

Before the mobility

<i>Study Programme at the Receiving Institution (Table A)</i>			
Planned period of the mobility from [day/month/year]		to [day/month/year]	
Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue ⁴)	Semester	Number of ECTS credits (or equivalent*) to be awarded by the Receiving Institution upon successful completion
		Total:	
Web link to the course catalogue/relevant information at the Receiving Institution describing the learning outcomes:			
* Web link to the Credit and Grade Conversion Scale at the Receiving Institution:			

The level of language competence ⁵ in _____ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>
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After the Mobility

***Transcript of Records at the Receiving Institution
(Table C)***

Start and end dates of the study period: from [day/month/year] to [day/month/year]

(If the transcript of records is not signed by the receiving institution, evidence about attended courses, received grades and other details must be attached to this form in original.)

Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Was the component successfully completed by the student? [Yes/No]	Number of ECTS credits (or equivalent*)	Grades received at the Receiving Institution
Total:				
Web link to the Credit and Grade Conversion Scale at the Receiving Institution:				

Name	Email	Position	Date	Signature
Responsible person at the Receiving Institution				

**Recognition at the Sending Institution
(Table D)**

Component code (if any)	Title of recognised component at the Sending Institution (as indicated in the course catalogue)	Number of ECTS credits recognised	Grades registered at the Sending Institution (if applicable)
Total:			

	Name	Email	Position	Date	Signature
Responsible person at the Sending Institution			<i>Departmental Coordinator</i>		