



## **EIMAS Individual Student and Learning Agreement (ISLA)**

(to be submitted by 15<sup>th</sup> December of the third semester)

**LAST NAME, given name(s):** \_\_\_\_\_

**Place and date of birth:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Study period:** from \_\_\_\_\_ to \_\_\_\_\_

### **1. Timetable:**

Please list all milestones incl. at least one internship/fieldwork. Add lines where necessary.

<b>Date (from... to...), place of stay</b>	<b>Description of the activity</b>
September 20__ to February 20__	1 <sup>st</sup> semester at the University of Porto
March 20__	
April 20__ to July 20__	2 <sup>nd</sup> semester at the University of Bayreuth
August 20__	
September 20__ to December 20__	3 <sup>rd</sup> semester at the Bordeaux Montaigne University
January 20__ to March 20__	
April 20__ to August 20__	4 <sup>th</sup> semester at the

### **2. Modules:**

Please indicate the optional modules in which you have gained ECTS (two per semester only).

<b>University of Porto</b>		<b>University of Bayreuth</b>		<b>Bordeaux Montaigne University</b>	
<input type="checkbox"/>	Intercultural Communication in Global Africa	<input type="checkbox"/>	Religion in/from Africa	<input type="checkbox"/>	Tropical Agriculture and Sustainable Development
<input type="checkbox"/>	Development Education	<input type="checkbox"/>	Cultures and Arts in Africa	<input type="checkbox"/>	Political and Security Challenges in Africa
<input type="checkbox"/>	African Literatures	<input type="checkbox"/>	African Language (please specify): _____	<input type="checkbox"/>	Demographic Growth and Social Challenges





**EIMAS**  
EUROPEAN INTERDISCIPLINARY  
MASTER AFRICAN STUDIES

**U.PORTO**

 **UNIVERSITÄT  
BAYREUTH**

 **Université  
BORDEAUX  
MONTAIGNE**

**4. Supervision and Mentoring Group:**

Supervisor: \_\_\_\_\_

University: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mentor: \_\_\_\_\_

University: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mentor: \_\_\_\_\_

University: \_\_\_\_\_

E-mail: \_\_\_\_\_

I agree that the ISLA can be modified only in consultation with the EIMAS Coordinator and the Supervisor on reasonable grounds.

\_\_\_\_\_  
Date & Signature of Master student

\_\_\_\_\_  
Date & Signature of EIMAS Dean

\_\_\_\_\_  
Date & Signature of EIMAS  
Coordinator

\_\_\_\_\_  
Date & Signature of Supervisor