



## LEARNING AGREEMENT

MOBILITY PROGRAMME: OTHER DESTINATIONS

ACADEMIC YEAR: \_\_\_\_\_ FIRST SEMESTER \_\_\_\_ SECOND SEMESTER \_\_\_\_

FIELD OF STUDY \_\_\_\_\_ NUMBER OF MONTHS \_\_\_\_\_

FACULTY/COLLEGE AT UPV/EHU: \_\_\_\_\_

Name of student: .....

Host Institution: .....

Country: .....

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT AT THE HOST INSTITUTION

Courses to be taken at the host institution		
Course unit code (if any)	Course unit title	Number of credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Add as many lines as necessary

**Student's signature**

..... date: .....

**HOME INSTITUTION: UPV/EHU**

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**

**Institutional coordinator's signature**

.....

.....

Date: .....

Date: .....

**HOST INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**

**Institutional coordinator's signature**

.....

.....

Date: .....

Date: .....



## LEARNING AGREEMENT

Name of student: .....

Host Institution: .....

Country: .....

### CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)

Deleted course unit code	Added course unit code	Course unit title at the host institution	Number of credits	
			deleted course unit	added course unit

Add as many lines as necessary

**Student's signature**

..... date: .....

**HOME INSTITUTION: UPV/EHU**

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**                      **Institutional coordinator's signature**

.....

**Date:** .....                      **Date:** .....

**HOST INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**                      **Institutional coordinator's signature**

.....

**Date:** .....                      **Date:** .....