Universidad del País Vasco
Euskal Herriko Unibertsitatea

OTHER DESTINATIONS/LATINAMERICA PROGRAMME

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

.....

Date: .....

Institutional coordinator's signature

.....

Date: .....

HOST INSTITUTION

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

Departmental coordinator's signature

.....

Date: .....

Institutional coordinator's signature

.....

Date: .....

Universidad del País Vasco Euskal Herriko Unibertsitatea

OTHER DESTINATIONS/LATINAMERICA PROGRAMME

LEARNING AGREEMENT

Name of student: .....

Host Institution: .....

Country: .....

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

			Number of credits	
Deleted course unit code	Added course unit code	Course unit title at the host institution	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: .....