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

<table>
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<tr>
<th>Course unit code (if any)</th>
<th>Course unit title</th>
<th>Number of credits</th>
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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)

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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

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Date: …………………………………

## HOST INSTITUTION

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

Departmental coordinator’s signature

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Date: …………………………………

Institutional coordinator’s signature

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Date: …………………………………