**OVERSEAS EXCHANGE PROGRAMME**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20..../20.... – SEMESTER………………..**

**FIELD OF STUDY: ...........................**

|  |
| --- |
| Name of student: ..................................................................................................................................................................Sending institution:……………………………....................... Country: …………………………............................................... |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: .**Universidad Católica San Antonio**..................... Country: .**Spain.**.................................................................. |

**A. COURSE UNITS TO STUDY AT THE HOST UNIVERSITY.**

|  |  |  |
| --- | --- | --- |
|  titles &codes of the course units to study at the host university | duration | Local credits |
|  |  |  |
|
|
|  **B. LOCAL COURSE UNITS THE STUDENT HOPE TRANSFER** |  |  |
|  titles &codes of the local course units the student hope transfer | duration | Local credits |

if necessary, continue the list on a separate sheet

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| --- |
| Student’s signature........................................................................................... Date: .................................................................................. |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature (approved by the Depa by the Departmental Director).............................................................................Date: ................................................................... | Institutional coordinator’s signature (approved by the International Relations Director)..................................................................................................Date: ................................................................................ |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature..............................................................................Date: ................................................................... | Institutional coordinator’s signature...................................................................................................Date: ................................................................................. |

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME (learning agreement)**

(to be filled in ONLY if appropriate)

**A. COURSE UNITS CHANGED AT THE HOST UNIVERSITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit titles & codes at the host university...............................................................................................................................................................................................................................………………………………….. | Duration...........................................................................……… | Deletedcourseunit□□□□ | Addedcourseunit□□□□□ | local credits................................................ |

if necessary, continue this list on a separate sheet

 **B. COURSE UNITS CHANGED AT UCAM.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Course unit titles & codes at UCAM......................................................................................................................................................................................................................................................................................... | Duration................................................................................... | Deletedcourseunit□□□ | addedcourseunit□□□ |  Local credits....................................................................................... |

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| Student’s signature.......................................................................................... Date: .......................................................... |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature. (approved by the Departmental Director)...................................................................................Date: .................................................................... | Institutional coordinator’s signature (approved by the International Relations Director)..................................................................................................Date: ............................................................................... |

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| **RECEIVING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature.....................................................................................Date: .................................................................... | Institutional coordinator’s signature...................................................................................................Date: ................................................................................. |