**OVERSEAS EXCHANGE PROGRAMME**

**LEARNING AGREEMENT**

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

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

|  |
| --- |
| Name of student: ..................................................................................................................................................................  Sending institution:  **Universidad Católica San Antonio** Country: **Spain** |

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

|  |
| --- |
| Receiving institution:  ....................................................................... Country: ................................................................... |

**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

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

|  |  |
| --- | --- |
| **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: ................................................................................ |

|  |  |
| --- | --- |
| **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................  ..............  ...............  ...............  ...............  ……… | Deleted  course  unit  □  □  □  □ | Added  course  unit  □  □  □  □□ | local credits  ................  ................  ................ |

if necessary, continue this list on a separate sheet

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

|  |  |
| --- | --- |
| **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: ............................................................................... |

|  |  |
| --- | --- |
| **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: ................................................................................. |