# LEARNING AGREEMENT

## MOBILITY PROGRAMME: OTHER DESTINATIONS

## ACADEMIC YEAR: FIRST SEMESTER SECOND SEMESTER FIELD OF STUDY NUMBER OF MONTHS\_ FACULTY/ COLLEGE AT UPV/ EHU:

Nam e of student: ....................................................................................................................................................................................

Host Inst it ut ion: .......................................................................................................................................................................................

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 m any lines as necessary

**HOME INSTITUTION: UPV/ EHU**

W e confirm t hat the proposed program m e of st udy/ learning agreem ent is approved.

**HOST INSTITUTION**

W e confirm t hat the proposed program m e of st udy/ learning agreem ent is approved.

# LEARNING AGREEMENT

Nam e of student: ....................................................................................................................................................................................

Host Inst it ut ion: .......................................................................................................................................................................................

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** |
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Add as m any lines as necessary

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**HOST INSTITUTION**

W e confirm t hat the proposed program m e of st udy/ learning agreem ent is approved.