# LEARNING AGREEMENT

MOBILITY PROGRAMME: OTHER DESTINATIONS/LATIN AMERICA PROGRAMME

ACADEMIC YEAR: 2016/2017

FIRST/WINTER SEMESTER ☐ and/or SECOND/SPRING SEMESTER ☐

# FIELD OF STUDY: …………………………………………… NUMBER OF MONTHS ……

# HOME UNIVERSITY: ………………………………………………………………………………

#### Name of student:

#### Host Institution: FACULTY OF ENGINEERING IN BILBAO - UPV/EHU

#### Country: SPAIN

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 ECTS credits |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ………………………………………………………………………………………………………………………………………………………………………… |

Add as many lines as necessary

Student’s signature

……………………………… date: ………………………..

##### HOME INSTITUTION:

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

Departmental coordinator’s signature Institutional coordinator’s signature

………………………………………… ……………………………………….

Date: ………………………………… Date: ………………………………..

##### HOST 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: ………………………………..

MOBILITY PROGRAMME: OTHER DESTINATIONS/LATIN AMERICA 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 ECTS 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 many lines as necessary

Student’s signature

……………………………… date: …………………

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Date: ………………………………… Date: ………………………………..

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Departmental coordinator’s signature Institutional coordinator’s signature

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Date: ………………………………… Date: ………………………………..