**EXCHANGE PROGRAMME**

**LEARNING AGREEMENT**

**Academic year 20...... / 20...... Study period: from ........……..…….... to ...........................….**

**Field of study: .....................................................**

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

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

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| Receiving institution: **UNIVERSITY FERNANDO PESSOA (P PORTO26)** Country: **PORTUGAL** |

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| Course unit code (if any) | Course unit title (as indicated in the course catalogue) | Number of ECTS credits |
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| (*if necessary, continue the list on a separate sheet*) |

* **Fair translation of grades must be ensured and the student has been informed about the methodology** -

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

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| **SENDING INSTITUTION** We confirm that the proposed programme of study / l earning agreement is approved. |
| Departmental coordinator’s signature......................................................................................Date: ............................................................................ | Institutional coordinator’s signature....................................................................................................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: .......................................................................................... |