


 NOM DE L'ESTUDIANT /NOMBRE DEL/A ESTUDIANTE/ STUDENT'S NAME

SENDING INSTITUTION _____

 ESTUDIS A CURSAR A LA UNIVERSITAT AUTÒNOMA DE BARCELONA (E BARCELO02) /
ESTUDIOS A CURSAR EN LA UAB / STUDIES TO ATTEND AT THE UAB

 Facultat /Facultad / Faculty _____

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CODI Código/Code	NOM ASSIGNATURA / Nombre asignatura / Course name	ECTS Credits	SEMESTRE 1=WS , 2=SS

..... Name..... Date.....

 Signatura i nom del coordinador de la **Universitat de procedència**
 Firma y nombre del coordinador de la **Universidad de procedencia**
 Signature and name of the **Home University** coordinator

..... Nom..... Data.....

 Signatura i nom del coordinador departamental de la **Universitat Autònoma de Barcelona**
 Firma y nombre del coordinador departamental de la **Universitat Autònoma de Barcelona**
 Signature and name of the **Universitat Autònoma de Barcelona** departmental coordinator

Name of student:

Sending institution:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

HOST UNIVERSITY				
Code	Course name	ECTS Credits	Deleted Course unit	Added Course Unit
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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 Institutional coordinator's signature

 Date: Date:

RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

 Date: Date: