



# CENTRO UNIVERSITARIO EUSA

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

## LEARNING AGREEMENT

ACADEMIC YEAR \_\_\_\_-\_\_\_\_ / Semester \_\_\_\_

Student name: _____	PASSPORT: _____
Home Institution: _____	Country: _____
Host Institution: _____	Country: _____

### DETAILS OF PROPOSED LEARNING AGREEMENT

COURSES AT HOST INSTITUTION <small>(Write course names in English for courses taught in English and in Spanish, for Spanish)</small>	Course Code	ECTS Credits

*Please include at least two ALTERNATE courses in addition to your first choices. Alternates should be marked with an asterisk (\*).*

<b>STUDENT SIGNATURE</b>	
Date:        -        -	Signature: _____

<b>HOME INSTITUTION</b>	
We confirm that this proposed learning agreement is approved.	
Departmental Coordinator's signature Date: __/__/__	Institutional Coordinator's signature Date: __/__/__

<b>HOST INSTITUTION</b>	
We confirm that this proposed learning agreement is approved.	
Departmental Coordinator's signature Date: __/__/__	Institutional Coordinator's signature Date: __/__/__