

Family Name(s):	Given Name:	Passaport:
Sending Institution : Universitat Rovira I Virgili		ERASMUS-Code : E TARRAGO01 Country: Spain
Receiving Institution :	ERASMUS-Code :	Country:
Field of study:	Study period: from	to



Details of proposed study programme abroad / Learning Agreement

Universitat Rovira i Virgili			Receiving Institution		
Course code	Title of the course	ECTS credit	Course code	Title of the course	ECTS credit

STUDENT'S SIGNATURE

I agree that these data will be stored and processed electronically and transmitted to the universities concerned exclusively for the purpose of my ERASMUS application.

Student's signature:

Date:

SENDING INSTITUTION (UNIVERSITAT ROVIRA I VIRGILI)

To be completed by the office:

Sending Institution: We confirm the approval of this application and the recognition of the proposed study programme at our institution

Departmental Coordinator's signature:

Institutional Coordinator's signature:

Mar Figueras Moreno

Date and Stamp

Date and Stamp

RECEIVING INSTITUTION

Receiving Institution: We hereby acknowledge receipt of this 2 pages learning agreement.

The above mentioned student is: accepted at our institution

not accepted at our institution

Institutional Coordinator's signature:

Departmental Coordinator's signature:

Date and Stamp

Date and Stamp

Family Name:	Given Name:	Passport:
Sending Institution: Universitat Rovira I Virgili		ERASMUS-Code: E TARRAGO01 Country: Spain
Receiving Institution:		ERASMUS-Code: Country:
Field of study:	Study period: from to	



Changes to original proposed study programme/learning agreement

(to be filled in only if appropriate)

Universitat Rovira I Virgili					Receiving Institution				
Course code	Title of the course	Deleted course unit	Added course unit	ECTS credit	Course code	Title of the course	Deleted course unit	Added course unit	ECTS credit

STUDENT'S SIGNATURE

Please note that all changes in the learning agreement must be approved by the departmental coordinator at the home institution and receiving.

Student's signature:

Date:

SENDING INSTITUTION (UNIVERSITAT ROVIRA I VIRGILI)
To be completed by the office:

Sending Institution: We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved

Departmental Coordinator's signature:

Institutional Coordinator's signature:

Mar Figueras Moreno

Date and Stamp:

Date and Stamp:

RECEIVING INSTITUTION

Receiving Institution: We hereby confirm the above-listed changes to the initially agreed programme of study/Learning Agreement are approved.

Departmental Coordinator's signature:

Institutional Coordinator's signature:

Date and Stamp:

Date and Stamp: