

Comissão de Relações Internacionais - International Office FEA-RP

## LEARNING AGREEMENT FOR EXCHANGE STUDENTS

<b>PERSONAL INFORMATION</b>	
Name of student: _____	
Sending Institution: : _____ Country: _____	
<b>ACADEMIC INFORMATION</b>	
ACADEMIC YEAR: _____	STUDY PERIOD: from _____ to _____
Level of Study: [ ] Bachelor (Undergraduate)    [ ] Master (Post-graduate)    [ ] Doctorate (Post-graduate)	
Program Main Area: [ ] Accountancy (BA and MS)    [ ] Business Administration (BA, MS, PhD)    [ ] Economics (BA and MS)	
[ ] Enterprise Economics and Controllership (BA)    [ ] Mathematics Applied to Business (BA)	

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

Turma	Course code	Course title (please, continue using a second sheet if needed)

<b>SENDING INSTITUTION</b>	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature	Institutional coordinator's signature
_____	_____
Date: _____	Date: _____

<b>RECEIVING INSTITUTION</b>	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature	Institutional coordinator's signature
_____	_____
Date: _____	Date: _____