

EXCHANGE PROGRAMME LEARNING AGREEMENT

ACADEMIC YEAR 20..... SEMESTER:... **STUDY PERIOD: FROM** **TO**

Student	Name	Date of birth	Nationality	Gender	Study cycle	Field of Study
Sending Institution	Name	Department	City	Country	Name, function and e-mail of primary contact at the sending institution	
Receiving Institution	Name	Department	City	Country	Name, function and e-mail of primary contact at the receiving institution	
	Centro Universitário Christus		Fortaleza	Brazil	Jan Krimphove, International Officer international@unichristus.edu.br	

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	Number of hours or ECTS credits

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

Student's signature	
.....	Date:

SENDING INSTITUTION We confirm that the proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:

RECEIVING INSTITUTION We confirm that this proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date: