Universidad Europea de Madrid
LAUREATE INTERNATIONAL UNIVERSITIES

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT/RECONOCIMIENTO DE ESTUDIOS

ACADEMIC YEAR 20..../20....

Name of student: .....

Sending institution:

UNIVERSIDAD EUROPEA DE MADRID (E MADRID 18)..... Country: **SPAIN**.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

..... Country: .....

Study Program Abroad/Number ECTS	Study Program at UEM/Number ECTS
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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: .....

Universidad Europea de Madrid
LAUREATE INTERNATIONAL UNIVERSITIES

Name of student: .....

Sending institution:

..... Country: .....

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

Course unit code	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
……...	……..	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
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…….	.....	☐	☐	.....
……..	.....			

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

Departmental coordinator's signature — Institutional coordinator's signature

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Date: ..... Date: .....