**PROGRAMME (1):**

**STUDENT’S PERSONAL DATA**

**Sending Institution: Universidad Miguel Hernández**

|  |  |
| --- | --- |
| Family name: | Host University: |
| First name: |  |
| Degree: | Faculty: |
| E-mail: |  |
| Phone: | Country: |
| Period of stay: |  |
| IDN/Passport: |  |

**Learning agreement/Study Programme(2)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MIGUEL HERNANDEZ UNIVERSITY** | | | | **HOST UNIVERSITY** | | |
| MARK | Title of course unit | Code (4) | UMH /ECTS  credits  (5) | Course unit code(3) | Title of equivalent course unit | ECTS credits(5) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Credits | | |  | Total Credits | |  |

If necessary, continue this on a separate sheet.

If the students wish to do the Final Project, they should indicate it: PFC

Student’s signature:

Date:

UNIVERSIDAD MIGUEL HERNANDEZ

We confirm that this proposed programme of study/learning agreement is approved.

*Coordinator´s signature Institutional coordinator’s signature*

Date: Date: