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UAB EXCHANGE PROGRAM ACCADEMIC YEAR 20__/20__ LEARNING AGREEMENT

TOTAL Student signature: Date: Receiving institution Sending institution	Name an	d surname:				ID:		
Planned period of the mobility: From:	Sending institution:				Faculty/Department:			
Study Programme at the receiving institution Code Component title ECTS credits Code Component title ECTS or redits TOTAL TOTAL Student signature: Date: Receiving institution Study Programme at the sending institution Code Component title ECTS or Total TOTAL Student signature: Sending institution	Receiving instutution:				Faculty Department:			
Study Programme at the receiving institution Code	Planned period of the mobility: From:/				To:/			
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Student signature: Date: Receiving institution Sending institution	Code Component title			Code		Component title	ECTS credits	
Student signature: Date: Receiving institution Sending institution								
Student signature: Date: Receiving institution Sending institution			TOTAL				TOTAL	
Receiving institution Sending institution		signature:						
	Date:							
					Sending institution			
	Responsible persone at the receiving institution Signature			Responsible persone at the sending institution Signature				
	Date:				Date:			
				Date.				