ANEXO 3
ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 20…./20…. - FIELD OF STUDY: .....

Name of student: .....……
Sending institution: **UNIVERSIDAD DE SANTIAGO DE COMPOSTELA, Casas Reais, nº 8. 15782 Santiago de Compostela, A Coruña, España (Telf. +34981584989, Fax 981578017 e-mail: ore@usc.es**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (home institution)	Course unit title HOME INSTITUTION (Santiago)	Number of USC Credits (home institution)	Course unit title (as indicated) in the information package) (HOST INSTITUTION)	Number of ECTS credits (host institution)

If necessary, continue the list on a separate sheet

Receiving institution Contry:

SENDING INSTITUTION

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

Departmental coordinator's signature Institutional coordinator's signature

.....…… .....……

Date: .....…… Date: .....

Student´s signature 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: .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate) **SENDING INSTITUTION**				
Course unit code (if any) and page no. of the information package	**Course unit title (as indicated in the information package)**	**Deleted course**	**Added course unit**	**Number of ECTS credits**
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

CHAN(to b GES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT e filled in ONLY if appropriate) **RECEIVING INSTITUTION**				
Course unit code (if any) and page no. of the information package	**Course unit title (as indicated in the information package)**	**Deleted course**	**Added course unit**	**Number of ECTS credits**
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

if necessary, continue this list on a separate sheet

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

.....

Date: .....

Institutional coordinator's signature

.....

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

.....

Date: .....

Institutional coordinator's signature

.....

Date: .....