# PROGRAMA DE BOLSAS IBERO-AMERICANAS DE LICENCIATURA E MESTRADO SANTANDER UNIVERSIDADES

# CONTRATO DE ESTUDOS | STUDY CONTRACT Academic Year: 20......... / 20.........

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| --- | --- |
| **Student Name:** | |
| **Cycle** (while abroad): 1st Cycle  2nd Cycle  **Year** (while abroad): 1st  2nd  3rd | **Student Number**: |
| **Degree**: | **Year** (while abroad): |
| **Host University name**: | **Country**: |

**Section to be completed BEFORE THE MOBILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed Study Programme Abroad** | | | **Courses that would normally be completed at the ISCTE-IUL** | | |
| **Course Name at receiving institution** | **Semester (1st/2nd)** | **Number of contact hours** | **Course Name at sending institution** | **Semester (1st/2nd)** | **Number of ECTS** |
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Note: **No one to one match is required**. Additional lines can be added to the table.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed courses and to count them towards the student's degree as described in table above. Any changes to this rule are documented in this agreement and agreed by all parties. The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed study programme.

The student signature: Date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Sending Institution Coordinator Signature: Date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Receiving Institution Coordinator Signature: Date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Student Name:** | |
| **Cycle** (while abroad): 1st Cycle  2nd Cycle  **Year** (while abroad): 1st  2nd  3rd | **Student Number**: |
| **Degree**: | **Year** (while abroad): |
| **Host University name**: | **Country**: |

**Section to be completed DURING THE MOBILITY** [only if applicable]

**Changes to the Study Programme Abroad**

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| --- | --- | --- | --- | --- |
| **Course Name at receiving institution** | **Deleted course**  **(tick if applicable)** | **Added course**  **(tick is applicable)** | **Reason for the change** | **Number of contact hours** |
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The Receiving Institution Coordinator Signature: Date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_