

INCOMING STUDENTS MEDICINE

LEARNING AGREEMENT PROPOSAL FACULTAD DE MEDICINA DE MURCIA Curso Académico 2012 / 2013

To be sent before june 20, 2012

srimedic@um.es

Universidad de Murcia
NIU:

PERSONAL DATA:

Student's name :	
Faculty/school:	
University:	
Student's tutor name:	
Student's e-mail:	Student's tutor e-mail:
Student's tutor phone:	Student's tutor fax:
Proposed stay semester:	Autumn Spring Academic year

Courses to be taken in Murcia

Code	Title	Tipo ⁽¹⁾

Equivalents in sending institution

Code	Title	Type ⁽²⁾	Credits

(add rows as needed)

(1) CORE/ELECTIVE/PRACTICAL TRAINING (2) ECTS/NON ECTS

Facultad de MEDICINA

Campus Universitario de ESPINARDO. 30100 Murcia
T. 868 883921 – F. 868 884150 – www.srimedic.um.es/internacionales

INCOMING STUDENTS MEDICINE

Sending Institution:

Tutor Signature:

Student Signature:

Date:_____

Date:_____

Receiving Institution:

Tutor Signature

International coordinator

Date:_____

Date:_____

Sello de la Facultad:

Facultad de MEDICINA

Campus Universitario de ESPINARDO. 30100 Murcia
T. 868 883921 – F. 868 884150 – www.srimedic.um.es/internacionales