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 | **Equivalents in sending institution**

Code	Title	Tipo(1)	Code	Title	Type(2)	Credits

(add rows as needed)

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

Sending Institution:

Tutor Signature: **Student Signature:**

Date:_____ **Date:**_____

Receiving Institution:

Tutor Signature **International coordinator**

Date:_____ **Date:**_____

Sello de la Facultad: