CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM / LEARNING AGREEMENT

FACULTAD DE MEDICINA DE MURCIA
Curso Académico 2012 / 2013

To be sent before NOVEMBER 10 , 2012
srimedic@um.es

Universidad de Murcia
NIU:

PERSONAL DATA:

Student's name :
University:

Courses to be taken in Murcia | **Equivalents in sending institution**

Code	Title	CHANGES D / A	Code	Title	Type(2)	Credits

(add rows as needed)

(**D, A**) DELETED COURSE UNIT /ADDED COURSE UNIT (2) ECTS/NON ECTS

Sending Institution:

Tutor Signature: **Student Signature:**

Date:_____ **Date:**_____

Receiving Institution:

Tutor Signature

Fecha:_____

International coordinator

Fecha:_____

Sello de la Facultad: