

MOBILITY AND INTERNATIONAL STUDENTS

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

Code	Title	CHANGES D / A

Equivalents in sending institution

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:_____

Facultad de MEDICINA

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

MOBILITY AND INTERNATIONAL STUDENTS

Receiving Institution:

Tutor Signature

International coordinator

Fecha: _____

Fecha: _____

Sello de la Facultad:

Facultad de MEDICINA

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