**PROGRAMME: ERASMUS +**

**STUDENT’S PERSONAL DATA**

**Sending Institution: Universidad Miguel Hernández**

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| Family name:  | Host University: |
| First name: |  |
| Degree: | Faculty in Host University: |
| E-mail: |  |
| Phone: | Country of Host University: |
| Period of stay: |  |
| IDN/Passport: |  |

**Learning agreement/Study Programme(2)**

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| **MIGUEL HERNANDEZ UNIVERSITY** | **HOST UNIVERSITY** |
| Course code | Course name | Type | ECTSCredits | Course code | Course name | ECTSCredits |
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| Total Credits |  | Total Credits |  |

If necessary, continue on a separate sheet.

Student’s signature:

Date:

UNIVERSIDAD MIGUEL HERNANDEZ

We confirm that this proposed programme of study/learning agreement is approved.

*Academic coordinator´s signature Institutional coordinator’s signature*

Date: Date: