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|---|-------|
| NAME OF STUDENT:                                    | ..... |
| e-mail:   | ..... |
| FIELD OF STUDY:                                     | ..... |
| SENDING INSTITUTION: UNIVERSITY OF ZARAGOZA (SPAIN) |       |

**DETAILS OF THE PROPOSED STUDY PROGRAMME**

| HOST INSTITUTION | COURSE UNIT TITLE AT<br>HOST INSTITUTION | COURSE UNIT TITLE AT<br>SENDING INSTITUTION | ECTS<br>Credits |
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| <p>STUDENTS SIGNATURE</p><br><br><br><br><br><br><br><br><br><br><p>Date:.....</p> | <p>SENDING INSTITUTION</p> <p>We confirm that the proposed programme of study has been approved Departmental coordinator's signature,</p><br><br><br><br><br><br><br><br><br><br><p>Name:.....</p> <p>Date:.....</p> |
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