



Lifelong Learning Programme



Escola de Camins  
Escola Tècnica Superior d'Enginyeria de Camins, Canals i Ports  
UPC BARCELONATECH

## LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

### LEARNING AGREEMENT

ACADEMIC YEAR: 20\_ / 20\_

Name of student: .....

Student's e-mail address: .....

Sending Institution: UNIVERSITAT POLITÈCNICA DE CATALUNYA - Escola Tècnica Superior d'Enginyers de Camins, Canals i Ports de Barcelona. (E BARCELO 03)

#### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ..... Country: .....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of ECTS credits

Student's signature: ..... Date: .....

#### SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

Date: ..... Date: .....

#### RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

Date: ..... Date: .....

Name of student: .....

Sending Institution: UNIVERSITAT POLITÈCNICA DE CATALUNYA - Escola Tècnica Superior d'Enginyers de Camins, Canals i Ports de Barcelona. (E BARCELO 03)

**CHANGES TO ORIGINAL LEARNING AGREEMENT  
(to be filled in ONLY if appropriate)**

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature: ..... Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature      Institutional coordinator's signature

Date: ..... Date: .....

**RECEIVING INSTITUTION**

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature      Institutional coordinator's signature

Date: ..... Date: .....