



LLP (Lifelong Learning Programme)

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20...../20..... - FIELD OF STUDY:

STUDENT'S PERSONAL DATA

Family name:	First name (s):
Date of birth:	Tel.:
Sex:Nationality:	e-mail:
Place of Birth:	Permanent address (if different):
Current address:
.....
.....
.....
Current address is valid until:	Tel.:

RECEIVING INSTITUTION

Name: IQS – UNIVERSITAT RAMON LLULL		
Full address: VIA AGUSTA, 390, 08017, BARCELONA (SPAIN)		
International Relation's coordinator: Sra. MARTA CAMPRODON		
Tel: +34 936 722 000	Fax: +34 93 205 62 66	e-mail: rrii@iqs.edu

SENDING INSTITUTION

Name:
Full address:
ECTS Department coordinator:
.....
.....Tel:
.....Fax:e-mail.....
ECTS Institutional coordinator
.....
Tel:Fax:e-mail.....

With this application form is enclosed the request documentation
<input type="checkbox"/> Official Transcript (original collated copy) including all the subjects and their results from all the studies done at home university)
<input type="checkbox"/> Passport photocopy
<input type="checkbox"/> 2 Passport photos
<input type="checkbox"/> Health Insurance Document



Name of student:

Sending institution:

Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

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 agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date: