Universidade Presbiteriana
Mackenzie
International Office

LEARNING AGREEMENT

INTERNATIONAL ACADEMIC MOBILITY – ACADEMIC YEAR_____

Mackenzie Presbyterian University – Home Institution Name _____

1. THE STUDENT
STUDENT FULL NAME:
STUDENT ID:
STARTING DATE:
FINISH DATE:

2. COURSES TO BE ATTENDED ABROAD				
CODE	**COURSE NAME (PT)**	**WL**	**MODULE**	**AU**
TOTAL WL:		**(horas-aulas)**		

SIGNATURE AND STAMP

_____

AU DIRECTOR MACKENZIE PRESBYTERIAN UNIVERSITY

_____

COURSE COORDINATOR MACKENZIE PRESBYTERIAN UNIVERSITY

_____

RESPONSIBLE PERSON HOME INSTITUTION

_____

Student