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# ANEXO III – EDITAL FEA-RP 1847/2024

# *STUDY PLAN & LEARNING AGREEMENT*

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|  ***Student Full name: [*** ***]*** | ***USP ID: [*** ***]******Current Course at FEA-RP: [       ]***  |
| ***Email address: [       ]*** | ***Receiving Institution: [       ]*** |
|  ***Planned period of the mobility (dd/mm/yyyy) – from [       ] to [       ]*** |

***TABLE A* – *STUDY PLAN* (*BEFORE THE MOBILITY*)**

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| ***Study Plan at the Receiving Institution*** |
| ***Course code (if any)*** | ***Discipline/Course Original Title*** | ***Credits Number (ECTS)*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***Student*** | *Phone: +* ***[       ]*** | *Date:* ***[       ]*** | *Student´s signature* |
| ***Course coordinator at FEA-RP/USP*** | *Name:* ***[       ]*** | *Coordinator´s Signature* |
| *Department:* ***[       ]*** |
| *Email:* ***[       ]*** | *Date:* ***[       ]*** |

***TABLE B – LEARNING AGREEMENT (DURING THE MOBILITY)***

**NOTE FOR STUDENTS - ATENÇÃO: A Tabela B deverá ser preenchida no início do intercâmbio e deve ter a assinatura do responsável na Instituição Estrangeira. Este formulário completo deverá ser enviado ao International Office da FEA-RP até 30 dias após o início das aulas no exterior.**

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| ***Fill in this table with the definitive timetable to be studied at the receiving institution*** |
| ***Course code (if any)*** | ***Discipline/Course Original Title*** | ***Credits Number (ECTS)*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***[       ]*** | ***[       ]*** | ***[       ]*** |
| ***Student*** | *Phone: +* ***[       ]*** | *Date:* ***[       ]*** | *Student´s signature* |
| ***Course coordinator at the Receiving Institution*** | *Name:* ***[       ]*** | *Coordinator´s Signature* |
| *Department:* ***[       ]*** |
| *Email:* ***[       ]*** | *Date:* ***[       ]*** |
| ***Course coordinator at FEA-RP/USP*** | *Name:* ***[       ]*** | *Coordinator´s Signature* |
| *Department:* ***[       ]*** |
| *Email:* ***[       ]*** | *Date:* ***[       ]*** |