# 

# ANEXO III – EDITAL FEA-RP 1847/2024

# *STUDY PLAN & LEARNING AGREEMENT*

|  |  |
| --- | --- |
| ***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*)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***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.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***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:* ***[       ]*** |