## Outside Europe – LEARNING AGREEMENT – Masters



Academic Year: 20	)/20	_ Field	l of Study:	
Name of student: Sending Institution: Nova Country: Portugal (Eu Receiving Institution: Country:	ıropean Un	nion)		
			STUDY PROGRAM ABROAL	
Is student declaring an Area of If yes, what is the name of the	=		E? (optional) yes no	·
Course title	Course I.D.	nº ECTS	indicate with ✓ if you wish to apply it to a Nova SBE Area of Expertise (optional)	Nova SBE Academic Coordinator's authorization for use in Area of Expertise
Student's signature: Date:		·		
SENDING INSTITUTION  We confirm that the proposed program of study/learning agreement is approved:  Authorizing signature(s) and Date		RECEIVING INSTITUTION  We confirm that the proposed program of study/learning agreement is approved:  Authorizing signature(s) and Date		

## LEARNING AGREEMENT CHANGES TO THE ORIGINALLY PROPOSED STUDY PROGRAM

Name of student:						
Sending Institution: Nova School of Busin						
Country: Portugal (European Union)						
Receiving Institution:						
Country:						
			<b>.</b>			
Course title	Course nº I.D. ECTS			✓ delete ✓ add		
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(If necessary, continue on a se	eparate sheet of	paper and	l attach)			
Student's signature:						
Date:						
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We confirm that the proposed program of		We confirm that the proposed program of				
study/learning agreement is approved:  Authorizing signature(s) and Date	i stiidy/jear	study/learning agreement is approved: <b>Authorizing signature(s)</b> and <b>Date</b>				
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