**Contrato de estudios - Compromiso previo de reconocimiento académico**

*Learning Agreement- Pre-Academic Recognition Commitment*

Convenio/Programa: Programa Año: 2023

Agreement/ *Program: Year:*

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| Datos del Estudiante *Student Information* | | | | | | | | | | | | | | | | | |
| Nombre completo: | | |  | | | |  | | | | |  | | |
| Full name | | | | | | Apellido /Last name | | Nombre/ First name | | | | |  | | |
| Pasaporte/DNI: | | |  | | | | | |  | | | | | | |  | |
| Passport /ID No. | | |  | | | | | |  | | | | | | |  | |
| Universidad de Destino | | | | | | |  | | | | | País/*Country:* |  | | | | |
| Host University | | | | | |  | | | | | |  | | | | | |
| Datos de la Universidad Destino *Host University Information* | | | | | | | | | | | | | | | | | | |
| Área de Estudio: | | |  | | | | | | | | | | | | | | | |
| *Study Area*  Universidad Destino: | | |  | | | | | | | | | | | | | | | |
| *Host University*  Dirección: | | |  | | | | | | |  | | | | | | | | |
| Address | | | | Código Postal - Ciudad  Zip Code – City | | | | | | País  Country | | | | | | | | |
| Coordinador Institucional: | | |  | | | | | | |  | | | | | | | | |
| Institutional Coordinator | | | | Nombre y Apellido  Full name | | | | | | Correo Electrónico  E-mail | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |
|  | | | | Teléfono (con clave internacional, nacional)  Phone No. (including international and national area codes) | | | | | | Fax (con clave internacional, nacional)  Fax No. ( Including international and national area codes) | | | | | | | | |
| Coordinador Académico: | | |  | | | | | | |  | | | | | | | | |
| Academic Coordinator | | | | Nombre y Apellido  Full name | | | | | | Correo Electrónico  E- mail | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |
| Tiempo de Estancia en la Universidad de Destino:  Period of time staying at Host University | | | | Teléfono (con clave internacional, nacional)  Phone No. (including international and national area codes) | | | | | | Fax (con clave internacional, nacional)  Fax No. (including international and national area codes) | | | | | | | | |
|  | | | | Desde  From | | | | | | Hasta  To | | | | | | | | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Asignaturas a cursar / Asignaturas a reconocer *Courses to take/ Courses to be recognized* | | | | | | | | | | | | | | | | Universidad de Destino:  *Host University:* | | | | |  | | | | | | | Universidad Nacional del Sur:  *Universidad Nacional del Sur:* | | | | Código  Code | Denominación  Name | | | | | Carga Horaria  No. of hours | | Código  Code | | Denominación  Name | | | Carga Horaria  No. of hours | |  |  | | | | |  | |  | |  | | |  | |  |  | | | | |  | |  | |  | | |  | |  |  | | | | |  | |  | |  | | |  | |  |  | | | | |  | |  | |  | | |  | |  |  | | | | |  | |  | |  | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma Coordinador Académico  *Academic Coordinator Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Aclaración  *Full name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha  Date | | | |  | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma Coordinador Académico  *Academic Coordinator Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Aclaración  *Full name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha  Date | | | Modificaciones al contrato de estudios propuesto originalmente *Ammendments to the original learning Agreement* | | | | | | | | | | | | | | | Universidad de Destino:  *Host University:* | | | | |  | | | | | | Universidad Nacional del Sur:  *Universidad Nacional del Sur:* | | | |  | | Código  Code | Denominación  Name | | | | Carga Horaria  No. of hours | | Código  Code | Denominación  Name | | | Carga Horaria  No. of hours | | Materias Anuladas  Courses cancelled | |  |  | | | |  | |  |  | | |  | |  |  | | | |  | |  |  | | |  | |  |  | | | |  | |  |  | | |  | | Materias Añadidas  Courses added | |  |  | | | |  | |  |  | | |  | |  |  | | | |  | |  |  | | |  | |  |  | | | |  | |  |  | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma Coordinador Académico  *Academic Coordinator Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Aclaración  *Full name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha  Date | | | |  | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma Coordinador Académico  *Academic Coordinator Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Aclaración  *Full name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha  Date | | | |  | | --- | | **Conformidad del Estudiante**  Student Consent |   El estudiante beneficiario del Programa se compromete a cursar el programa de estudios acordado durante el período de movilidad  establecido desde el …. del mes de ……hasta el …. del mes de …….  *The program beneficiary (the student) undertakes to take the academic program agreed herein during the following mobility period: from (month) to(month) .*  El beneficiario deberá comunicar de inmediato a la Universidad todo cambio en el programa propuesto originalmente, que estará sujeto a la aprobación de los coordinadores de las respectivas Universidades (Origen/Destino).  *The student must immediately communicate to the University any change in the study program originally proposed. These changes are subject to the approval of the coordinators of each University (Home/Host).*  El beneficiario declara que estará amparado durante su estancia en el extranjero por un seguro de vida, accidente y enfermedad, incluidos los viajes de ida y regreso. Todos estos gastos correrán por su propia cuenta en caso de que no se contemplen expresamente en el Programa.  *The student declares that she/he will be covered during his/her whole stay abroad by an international health, accident and disease insurance including travel periods .All these expenses shall be covered by the student in case such are not already covered by the program.*  Asimismo, se compromete a regresar a su Universidad de Origen finalizado el período de movilidad.  *In addition, the student undertakes to return to his/her Home University once the mobility period is completed.* | | | | | | | | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | | Lugar y Fecha  *Place and Date* |  | Nombre y Firma del estudiante  *Student name and Signature* | | | | | | | | | | | | | | | | | | | | | | |
| Universidad Nacional del Sur  *Home University*  Queda aprobado el contrato de estudios  *The learning agreement is approved*  Nombre del Coordinador Institucional  *Institutional Coordinator Name*  Firma  *Signature*  Fecha:  *Date:* | | | Universidad Destino  *Host University*  Queda aprobado el contrato de estudios  *The learning agreement is approved*  Nombre del Coordinador Institucional  *Institutional Coordinator Name*  Firma  *Signature*  Fecha:  *Date:* | | |