Universidade Estadual de Londrina

Application Form For Academic Mobility

Undergraduate Exchange

Student Information

Name:	
Date of Birth:	**Nationality:**
Passport no.:	**Country of residence:**
E-mail:	
Mother's Name:	
Father's Name:	
Emergency Contact (Name):	
Emergency Contact (Email):	

Language proficiency	
Portuguese:	☐ Beginner ☐ Intermediate ☐ Advanced
_____	☐ Beginner ☐ Intermediate ☐ Advanced
_____	☐ Beginner ☐ Intermediate ☐ Advanced
_____	☐ Beginner ☐ Intermediate ☐ Advanced

Academic Information

Home Institution:	
Course:	**Grade:**
Academic Coordinator:	**Email:**
Institutional Coordinator:	**Email:**

Mobility Application
Course at UEL:
Academic Term:
Mobility Period: from / / to / /

LEARNING AGREEMENT					
Course Unit Code	Course Unit Title at HOME INSTITUTION /	Number of Credits / Course Unit Workload	Course Unit Code	Course Unit Title at UEL	Number of Credits / Course Unit Workload

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LEARNING AGREEMENT					
Course Unit Code	**Course Unit Title at HOME INSTITUTION /**	**Number of Credits / Course Unit Workload**	**Course Unit Code**	**Course Unit Title at UEL**	**Number of Credits / Course Unit Workload**
	TOTAL:			TOTAL:	

To complete the learning agreement please consult https://sites.uel.br/international/undergraduate/. The chosen course units **must** correspond to the mobility term/semester (A = Annual; 1S = First Semester; 2S = Second Semester).

STUDENT

I hereby declare that the above information is true.

_____

Date:

HOME INSTITUTION

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

_____

Date:

Institutional Coordinator

_____

Date:

UNIVERSIDADE ESTADUAL DE LONDRINA

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

_____

Date:

Institutional Coordinator

_____

Date: