STUDY PLAN FOR UNISINOS' ACADEMIC MOBILITY PROGRAMS

This document must be signed by the Program's Head and sent by the student by e-mail to internacional@unisinos.br.

GENERAL DATA	
Student's Name:	Host University:
Academic Number at UNISINOS (RA):	City, Country:
Program at UNISINOS:	Mobility Program:
Semester Abroad:	Name of the Program's Head at UNISINOS:

Course at UNISINOS (Code) (Course) (Number of Credits/Hours)	Corresponding Course at the Host University (Code) (Course) (Number of Credits/Hours)

Important: The course recognition authorized here will only be granted after the presentation of the student's academic transcript issued by the host university.

_____/ _____/ _____   _____

Date   **Student's Signature**

_____

Authorization of the program's Head at Unisinos
(Signature and stamp)