

Bilateral Exchange Program - Learning Agreement

Student's full name	E-mail address	
Home University Name / Country	Portuguese Proficiency: CEFR - A1, A2, B1, B2, C1 or C2	
Major field of study	Current Year	Expected Graduation Date
Exact Desired period of exchange (dd/mm/yy)		
From:	To:	

Electives or Intended Courses

List electives on the website: <http://fm.usp.br/en/international-students/find-your-course>

[Available block dates here](#)

USP Code	Block / Group Nº	Discipline / Elective's Name

Motivation Statement - Describe, in a few words, your motivation for attending this program

Student	Full name	Signature	Date

Responsible Person at the sending Institution	Name	Email address	OFFICIAL STAMP
	Position	Signature	