

**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: <a href="http://fm.usp.br/en/international-students/find-your-course">http://fm.usp.br/en/international-students/find-your-course</a>		
Available block <a href="#">dates here</a>		
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	