

PLEASE FILL OUT THIS DOCUMENT BY COURSES PRIORITY FROM THE MOST TO THE LESS IMPORTANT. DON'T FORGET TO SUBMIT THIS LEARNING AGREEMENT, SIGNED AND STAMPED BY YOUR UNIVERSITY ADVISOR, ALONG WITH THE APPLICATION FORM.

MARCH – JULY (UNAB First academic, semesters with an odd number 2019-10)	
UNAB Course Name	Home University Course Name
*Elective course:	
AUGUST - DECEMBER (UNAB second academic, semesters with an even number 2019-20)	
UNAB Course Name	Home University Course Name
* Elective course:	

**ELECTIVE COURSE WILL BE AN EXTRA OPTION IN CASE ANY OF THE PRIORITY CLASSES OVERLAPS BETWEEN THE SELECTION.*

Home University Departamental Approval	Student Approval
Advisor full name:	Student Full name:
Position:	Home University name and mayor:
Signature and stamp:	Mayor at UNAB:
Date:	Exchange period (Ej: 2019-1 y/o 2019-2)