**THE UNIVERSIDAD FRANCISCO DE PAULA SANTANDER UNDER THE**  click here to write type of agreement **SIGNED WITH THE UNIVERSITY OF** click here to write text**, ON THE** click here to write a date; **PRESENTS STUDENT** Haga clic aquí para escribir texto.

**GENERAL INFORMATION**

**NAMES:** click here to write text

**LAST NAMES:** click here to write text

**IDENTIFICATION NUMBER:** click here to write text

**CODE:** click here to write text

**HOME ADDRESS:** click here to write text

**CITY:**  click here to write text

**PHONE:** click here to write text

**MOBLE PHONE:**  click here to write text

**E- MAIL:** click here to write text

**CONTACT INFORMATION (PARENTS):** click here to write text

**PHONE:** click here to write text

**MOBILE PHONE:** click here to write text

**FACULTY:** click here to write text

**ACADEMIC PROGRAM:** click here to write text

**ACT OF APPROVAL OF THE ACTIVITY:** Act number of curricular committee which approved click here to write a date

**PERIOD OF STAY/ITINERARY:** click here to write text

**HOST INSTITUTION INFORMATION**

**NAME:** click here to write text

**ACADEMIC OFFICE:** click here to write text

**ADDRESS:** click here to write text

**CITY/COUNTRY:** click here to write text

**CONTACT INFORMATION:** click here to write text

**PHONE:** click here to write text

**MOBILE PHONE:** click here to write text

**HOME ADDRESS:** click here to write text

**CITY:** click here to write text

**THE STUDENT AGREES TO DEVELOP** click here to write text**, UNDERSTANDING THE CONDITIONS, REQUIREMENTS AND PROCEDURES FOR THE ACTIVITY SET OUT IN THIS AGREEMENT. IN ADDITION, THE STUDENT AGREES TO FULFILL THE DUTIES AND OBLIGATIONS CONTAINED IN THE STATUTES OF BOTH THE HOST AND HOME INSTITUTIONS.**

**COORDINATOR DESIGNATED BY UFPS:**

Haga clic aquí para escribir texto.

**SUPERVISOR DESIGNATED BY THE HOST INSTITUTION:**

Click here to write text

**TITLE:**

Click here to write text

**PLACE OF DEVELOPMENT OF THE ACADEMIC AND/OR PROFESSIONAL PRACTICE:**

Click here to write text

**STUDENT SCHEDULE:**

Click here to write text

**WORK PLAN SUMMARY:**

Click here to write text

**MONTHLY ECONOMIC SUPPORT (IF ANY)**

Click here to write text **$USD.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

Coordinator’s Full NameName Supervisor of Host Institution

**COORDINATOR SUPERVISOR**

UNIVERSIDAD FRANCISCO DE PAULA SANTANDER UNIVERSITY Click here to write text

Date: Click here to write text Date: Click here to write text

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dean of corresponding Faculty

**Dean**

**Faculty of** Click here to write text

DateClick here to write text

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name

**Student**

**CÓDIGO:** Click here to write text

Date: Click here to write text