

**PROGRAMES DE MOBILITAT – PROPOSTA DE CONVALIDACIÓ**

**PROGRAMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURS 20\_\_\_\_\_ / 20\_\_\_\_\_**

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| Estudiant:  DNI:  Email:  Facultat/Escola UdL:  Estudis actuals: |  | |
| Universitat de destinació: |  | |
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| Estudis que seran reconeguts a la UNIVERSITAT DE LLEIDA | | Estudis que es cursaran a la universitat de destinació |
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| **Codi** | **Assignatura** | **Quadrimestre** | ***Cr ECTS*** | **Assignatura** | **Quadrimestre** | ***Cr ECTS*** |
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| **ESTUDIANT** | |  | **COORDINADOR/A a la UdL** | |
| **Signatura** |  |  | **Signatura** |  |
| **Data** |  |  | **Data** |  |

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