



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

Faculty of Law, University of Macau

Incoming Exchange Programme

Learning Agreement

PART I - STUDENT PERSONAL INFORMATION

Last Name:		(Photo)
First Name:		
Date of Birth:	Gender:	
Nationality:	Country:	
Passport No.:	Tel:	
Email:		

PART II – CURRENT EDUCATION OF STUDENT

Home Institution:
Faculty:
Level: ☐ Bachelor / ☐ Master / ☐ PhD / ☐ Other, please specify: _____
Current Year of Study:

PART III – CONTACT OF HOME INSTITUTION

Name of Contact Officer:	
Tel:	Email:
Address:	

PART IV – EXCHANGE INFORMATION

Exchange Period: ☐ 1 st Semester / ☐ 2 nd Semester / ☐ Full Academic Year
Year of Study during Exchange:
Study Programme at the Faculty of Law, University of Macau (FLL-UM): ☐ Bachelor of Law in Chinese Language (Daytime) ☐ Bachelor of Law in Chinese Language (Evening) ☐ Bachelor of Law (Conducted in Chinese and Portuguese) ☐ Bachelor of Law in Portuguese Language ☐ Bachelor of Law in Chinese Law and Global Legal Studies ☐ Master of Law (Chinese Language) ☐ Master of Law (Portuguese Language) ☐ Master of Law in European Union Law, International Law and Comparative Law (English Language) ☐ Master of Law in International Business Law (English Language) ☐ PhD Programme



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PART V – COURSE SELECTION (FILL IN BEFORE EXCHANGE)

Fill in Before Exchange	Student Name:	
	Programme:	
	Course Code	Course Title

Note1: Please note that there is no course offering for PhD Programme in 2nd Semester.

Note2: Students must select course from their chosen programme and are not permitted to enroll in courses offered by other programmes. Students may make changes to their course enrolment during the Course Add/Drop period each semester. Students should get the approval from the Home Institution before submission.

Note3: Students need to ensure they have adequate financial funds responsible for the expenses incurred during exchange programme and no scholarship is available for Faculty-level exchange programme.

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Student:

Approved by Home Institute:

Signature

Date:

Signature

Date:

For FLL Office's Use

☐ Endorsed

Comments (if any) _____

☐ Not Endorsed

Comments (if any) _____

Programme Coordinator:

Signature

Date: