

SEP

SECRETARÍA DE
EDUCACIÓN PÚBLICA



Instituto Politécnico Nacional
Secretaría de Extensión e Integración Social
Coordinación de Cooperación Académica



PROPOSAL OF LEARNING AGREEMENT

ACADEMIC YEAR 20__ / 20__		
SEMESTER :	January- June <input type="checkbox"/>	August – December <input type="checkbox"/>
FIELD OF STUDY:	_____	
Student Name:	_____	_____
	Family Name	Name

Requested IPN's School		

IPN		Home Institution
Academic Program / Career	Courses	Courses

STUDENT

Date:

SENDING INSTITUTION

We confirm that this proposed program of study/learning agreement is approved

Departmental Coordinator's Signature

Institutional Coordinator's Signature

Date:

Date: