

UNIVERSIDAD ANA G. MÉNDEZ RECINTO CUPEY
STUDY ABROAD ACADEMIC PORTABILITY (SAAP) FORM
ACADEMIC YEAR 2019-2020
COMMITMENT TO ACADEMIC RECOGNITION PRIOR TO DEPARTURE

PROJECT IDENTIFICATION: UAGM CUPEY CAMPUS STUDY ABROAD PROGRAM

ACADEMIC YEAR: **2019 - 2020**

FIELD OF STUDY:

HOSTING UNIVERSITY:

HOME UNIVERSITY: UAGM RECINTO DE CUPEY

ADDRESS: PO BOX 21150, SAN JUAN, PUERTO RICO 00928-2150

UMET STUDY ABROAD DIRECTOR AND HOST INSTITUTION STUDY ABROAD DIRECTOR:

HOME: Name / Last Name: Dra. Zaida Vega Lugo HOST: _____

HOME: Telephone: 787-717-1616 ext. 6011 HOST: _____

HOME: Fax #: _____ HOST: _____

HOME: E-mail: zvega@suagm.edu HOST: _____

STUDENT PERSONAL INFORMATION

LAST NAME: _____

NAME: _____

Birth date: _____ Gender: _____

Place of Birth: Madrid

Passport # & Issued Date: _____

Personal Address: _____

Telephone: _____

Nationality: _____

E-mail: _____@email.suagm.edu

Schedule of studies at the Host institution: From _____ (mo/day/year) To (mo.day/year) _____

Home University: UMET

Host University: _____

1. SUBJECTS TO BE TAKEN AT THE HOST INSTITUTION

Host Institution: _____ **Country:** _____

Subject	Code/CRN	Title	Credit Hours
1			
2			
3			
4			

Observations, if any: _____

2. SUBJECTS TO BE TRANSFERRED TO HOME INSTITUTION

Home Institution: Universidad Ana G. Méndez Recinto de Cupey

Country: Puerto Rico

Subject	Code/CRN	Title	Credit Hours
1			
2			
3			
4			

Approved By: Academic Advisor: _____

School Dean: _____

Registrar's Home Institution: Beatriz Nieves Lugo _____

Date: _____

PROJECT IDENTIFICATION:**3. COMMITMENT TO ACADEMIC RECOGNITION PRIOR TO DEPARTURE¹**

As the responsible person for the Academic Recognition of credits earned at the Host Institution listed herein within the above-mentioned Program, I attest my approval to the academic mobility program designed on behalf of the student identified in the previous section.

The student will be enrolled in the academic subjects listed in # 2 above, and the credit hours earned at the Host Institution will be transferred to his/her program of study at the Home Institution for the subjects listed in # 3 above; upon successful completion based on the Host Institution grading system.

And to attest our full commitment to this academic contract and to ensure proper mobility of credits earned at a foreign institution of higher education, I sign this document together with the Hosting Institution Study Abroad Director, School Dean, and the Registrar.

Study Abroad Director

School Dean

Registrar

Date:

Date:

Date:

4. STUDENT AGREEMENT

The student selected to participate in the Study Abroad Program, commits to follow the Program of Studies designed to advance his/her academic progress towards his/her academic program requirements during the study Abroad Period schedule to take place between _____ and _____.

The student is required to notify to the Academic Liaison at the Host and Home Institutions respectively, of any changes who wishes to propose to the original program of studies approved; all of which will be subject to be approved by the Academic Representatives at both, the Host and the Home institutions.

The student attests and will present evidence that he/she is: Covered by an International Life & Health Insurance; have the economic resources to pay for expenses while studying abroad; have taken the required vaccinations if applicable; have secured Student Visa, have completed the UAGM Campus Study Abroad Academic Portability Form, and have issued a travel ticket (Home-Host/Home). All expenses will be the sole responsibility of the student personal resources. The student agrees to return to his/her Home Institution upon completion of the Study Abroad Period specified herein. Failure to comply with all the requirements listed in this document is sufficient cause to automatically withdraw the student from the Study Abroad Program.

Place and Date:

Universidad Ana G. Méndez recinto de Cupey, San Juan, PR

Name and Signature of the Student

5. HOME & HOST INSTITUTIONS STUDY ABROAD DIRECTORS (SAD's) and Registrars Signatures

Hereby we attest that the above mentioned program of studies are approved by the signatories.

Name of the Home Institution: Universidad Ana G. Méndez Campus Country: Puerto Rico (USA)

Name of the Host Institution: _____ Country: _____

Dra. Zaida Vega Lugo

Name and Signature of Home Institution SAD

Name and Signature of Host Institution SAD_____
Sra. Beatriz Nieves Lugo

Name and Signature of Registrar of Home Institution

Name and Signature of Registrar of Host Institution

Date: _____