



**PROPOSAL OF BILATERAL AGREEMENT
GENERAL INFORMATION ABOUT FOREIGN INSTITUTION**

Professor/Researcher who supports the proposal from the foreign institution	
Department/Faculty:	
Tel.:	
E-mail:	

Professor/Researcher who supports the proposal from UCM	
Department/Faculty	
Tel.:	
E-mail:	

INFORMATION ABOUT FOREIGN UNIVERSITY

Name of Institution:			
Rector/President/Vice-Rector:			
Address:			
Tel.:		Fax:	
E-mail			

INFORMATION ABOUT INTERNATIONAL RELATIONS OFFICE

Head of Office:			
Mobility coordinator:			
Address:			
Tel.:		Fax:	
E-mails:			

Thank you for your collaboration
VICERRECTORADO DE RELACIONES INTERNACIONALES Y COOPERACIÓN
UNIVERSIDAD COMPLUTENSE DE MADRID