



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

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

Professor/Researcher from UCM who support the proposal	
Departament/Faculty:	
Tel.:	
E-mail:	

INFORMATION ABOUT FOREIGN INSTITUTION

Name of the Institution:			
Rector / President/Vice-Rector:			
Postal address:			
Tel.:		Fax:	
E-mail			

INFORMATION ABOUT INTERNATIONAL OFFICE

Head of the Office:			
Mobility Coordinator:			
Postal address:			
Tel.:		Fax:	
E-mails:			