

Name of student: .

Sending institution:

Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature

Date:

SENDING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's name, surname, position

Institutional coordinator's name, surname

Date and signature:

Date and signature:

RECEIVING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's name, surname, position

Institutional coordinator's name, surname

Date and signature:

Date and signature: