

Name of student:

 Sending institution:
 Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course code (if any)	Course title (as indicated in the Course Catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
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If necessary, continue this list on a separate sheet

Student's signature
 Date:

SENDING INSTITUTION
 We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Departmental coordinator's signature Institutional coordinator's signature

 Date: Date:

RECEIVING INSTITUTION
 We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Departmental coordinator's signature Institutional coordinator's signature

 Date: Date:.....