Logotipo

|  |
| --- |
| 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 confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  .....................................................................................  Date: .................................................................... | Institutional coordinator’s signature  ..................................................................................................  Date: ............................................................................... |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  .....................................................................................  Date: .................................................................... | Institutional coordinator’s signature  ...................................................................................................  Date: ................................................................................. |