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| Name of student: .............................................................................................................................................................Sending institution: ....................................................................................................... Country: ............................................................ |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Course unit code (if any) and page no. of the information package...................................................................................................................................................................................................................................................................................................................... | Course unit title (as indicated in the information package)...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits................................................................................................................................................................................................................................................ |

If necessary, continue this list on a separate sheet

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| Student’s signature.......................................................................................... Date: .......................................................... |

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| **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: ............................................................................... |

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| **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: ................................................................................. |