

Name of the 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
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<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: