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

**(to be filled in ONLY if appropriate)**

**ACADEMIC YEAR 20     /20      FIELD OF STUDY:**

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| Name of student:                     Sending Institution:                      Country:                     Planned period of the mobility: from [month/year]  to [month/year]  |

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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 proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:            | Institutional coordinator’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:            |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:            | Institutional coordinator’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:            |