



<b>SENDING INSTITUTION</b>	
We confirm that this proposed programme of study/learning agreement is approved	
Departmental coordinator's signature	Institutional coordinator's signature
Date	Date
Stamp of home university	

<b>RECEIVING INSTITUTION</b>	
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# CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

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

This document should be completed in black, CAPITAL LETTERS in order to be easily copied, faxed or e-mailed

<b>FIELD OF STUDY</b>	
Name of student	
Sending institution	
Country	

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit (tick ✓)	Added course unit (tick ✓)	Number of ECTS credits
		▪	▪	ECTS
		▪	▪	ECTS
		▪	▪	ECTS
		▪	▪	ECTS
		▪	▪	ECTS
		▪	▪	ECTS
		▪	▪	ECTS

*If necessary, continue the list on a separate sheet*

Student's signature	
Place	
Date	

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