

Name of student	_____
Sending instituton	_____
Country	_____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Deleted/Added	Course Code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS Credits
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
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<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
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<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
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<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____
<input type="checkbox"/> D <input type="checkbox"/> A	_____	_____	_____

if necessary, continue the list on a separate sheet

Student 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 name & signature	Institutional coordinator's name & signature
_____	_____
Date _____	Date _____

Receiving Institution (We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.)	
Departmental coordinator's name & signature	Institutional coordinator's name & signature
_____	_____
Date _____	Date _____