(to be filled in BLACK ink)

CHANGES IN ORIGINALLY PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

Course Unit Code	Course Unit Title	Semester	Deleted	Added	ECTS value
		•			

·	·					
Name of Student:	I.D. N	o.:				
Name of Faculty (Sending Institution)						
Student's Signature	D	ate:				
RECEIVING INSTITUTION						
Name:	Name:	Name:				
Date:	Date:	Date:				
SENDING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.						
Signature, Head of Dept/Academic Coordinator Appointed by the Dept	Coordinator Ap	Signature, Head of Dept/ Coordinator Appointed by the Dept.				
Name:	Name:					
Date:	Date:					
Director's/Dean's Signature	Faculty Officer's Signature	Exchange Co-ordinator's Signature				
Name:	Name:	Name:				
Date:	Date:	Date:				