

SENDING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

.....
Date:

RECEIVING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

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Date: