

**ECTS-EUROPEAN CREDIT TRANSFER SYSTEM  
CHANGES TO THE ORIGINALLY PROPOSED LEARNING AGREEMENT  
ACADEMIC YEAR 20..../20.... – FIELD OF STUDY:.....**

Name of student:.....  
 Sending institution: ..... – Country: .....  
 Receiving institution: ..... – Country: .....

**CHANGES TO THE ORIGINALLY PROPOSED STUDY PROGRAMME ABROAD – LEARNING AGREEMENT**

Added Course Unit	Deleted Course Unit	Course Unit Code	Course Unit Title <b>HOME INSTITUTION</b>	Number of Credits	Equivalent Course Unit at <b>HOST INSTITUTION</b>
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Added Course Unit	Deleted Course Unit	Course Unit Code	Course Unit Title <b>HOST INSTITUTION</b>	Number of Credits	Equivalent Course Unit at <b>HOME INSTITUTION</b>
<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

If necessary, continue on a separate sheet.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SENDING INSTITUTION**  
 We approve the above-listed changes to the initially agreed programme of study/learning agreement.

Departmental Coordinator's Signature	Faculty Coordinator's Signature (RAM) [if applicable]	Institutional Coordinator's Signature
.....	.....	.....
Date:	Date:	Date:

**RECEIVING INSTITUTION**  
 We approve the above-listed changes to the initially agreed programme of study/learning agreement.

Departmental Coordinator's Signature	Faculty Coordinator's Signature (RAM) [if applicable]	Institutional Coordinator's Signature
.....	.....	.....
Date:	Date:	Date: