





**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 HOME INSTITUTION | Number of Credits | Equivalent Course Unit at HOST INSTITUTION |
|--------------------------|--------------------------|------------------|------------------------------------|-------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> |                  |                                    |                   |  |

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

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