

Name of Student: _____

Sending Institution: _____

| Course code (if any) | Course title (as indicated in the information package) | Deleted Course | Added Course | Number of ECTS credits |
|----------------------|--|--------------------------|--------------------------|------------------------|
| | | <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"/> | _____ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Date and Student's signature _____ . _____ . 20 _____

SENDING INSTITUTION

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

Date and signature _____ . _____ . 20 _____

 Departmental Coordinator's signature

Date and signature _____ . _____ . 20 _____

 Institutional Coordinator's signature

RECEIVING INSTITUTION

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

Date and signature _____ . _____ . 20 _____

 Departmental Coordinator's signature

Date and signature _____ . _____ . 20 _____

 Institutional Coordinator's signature