

CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT

(to be filled in **ONLY** if appropriate)

Course unit code (if any) and page no. of the information package	NEW Course unit 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"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
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Student's signature Date:

SENDING INSTITUTION
 We confirm that the proposed programme of study/learning a agreement is approved.
 Departmental co-ordinator's signature Institutional co-ordinator's signature
 Date: Date:

RECEIVING INSTITUTION
 We confirm that the proposed programme of study/learning a agreement is approved.
 Departmental co-ordinator's signature Institutional co-ordinator's signature
 Date: Date: