

Student Name: **LEARNING AGREEMENT FOR STUDIES**

Academic year 20 __ /20 __

Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT**I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Code (if any)	Title (as indicated in the course catalogue at the receiving institution)	Deleted	Added	Reason for change*	ECTS credits at the receiving 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"/>		
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		<input type="checkbox"/>	<input type="checkbox"/>		
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		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Total:					

***Reasons for deleting a component:**

A1) not available at receiving institution
 A2) in a different language than previously specified in the course catalogue
 A3) Timetable conflict
 A4) Other (please specify)

***Reason for adding a component:**

B1) Substituting a deleted component
 B2) Extending the mobility period
 B3) Other (please specify)

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.



The student Signature:	Date:
Responsible person in the sending institution Name: Phone: Signature:	Function: Departmental/or Institutional Coordinator Email: Stamp/Date:
Responsible person in the receiving institution Name: Phone: Signature:	Function: Email: Stamp/Date: