

## CHANGES TO LEARNING AGREEMENT

### Erasmus students

#### ACADEMIC YEAR \_\_\_\_\_

- Please write very clearly in **BLOCK LETTERS**.
- Please note that in order to be processed, the form must be filled completely.

FIRST NAME:

FAMILY NAME:

SENDING INSTITUTION:

Country:

RECEIVING INSTITUTION:

Country:

Course Unit Code	Course Unit Title	Deleted Course	Added course	ECTS credits

### **CHANGES to the previously agreed duration of stay**

Previously agreed month of arrival: ..... and month of departure:  
 .....

I wish to prolong my stay for ..... months; that is until the month of .....

I hereby declare that the above listed **changes** to the initially agreed study program are correct.

Date: .... / .... / 2014...

Student's signature: .....

**SENDING INSTITUTION:**

We confirm the approval of the above-listed **changes** to the initially agreed Learning Agreement.

	<b>Responsible Co-ordinator</b>
Name	
Function	
Signature	
Date	
Fax number	

**RECEIVING INSTITUTION:**

We confirm the approval of the above-listed **changes** to the initially agreed Learning Agreement.

	<b>Responsible Co-ordinator</b>
Name	
Function	
Signature	
Date	
Fax number	