**Section to be completed DURING THE MOBILITY**

#### CHANGES TO THE ORIGINAL LEARNING AGREEMENT

The Student

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | E-mail |  |

#### EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Exceptional changes should be discussed with your departmental exchange coordinator, before the start of regular classes/educational components. All these changes have to be agreed by the three parties within a two-week period after the request.

#### Table C: Exceptional changes to study programme abroad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Courses deleted from and/or added to the original Study Plan | | | | | |
| Course code | Course title | Deleted | Added | Reason for change(1) | ECTS credits (2) |
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#### II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

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| --- |
| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in the receiving institution:**  Name: Function:  Phone number: E-mail: |

#### III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

|  |
| --- |
| **The student**  Student’s signature Date: |

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| --- |
| **The sending institution**  Responsible person’s signature Date: |

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| --- |
| **The receiving institution**  Responsible person’s signature Date: |