**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) |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  |

#### II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

|  |
| --- |
| **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:  |

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

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