**Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component code (if any) at the receiving institution**  | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component*****[tick if applicable]*** | **Added component*****[tick if applicable]*** | **Reason for change[[1]](#endnote-1)** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | Total: ………… |

Table D: Exceptional changes to study programme or additional components to be replaced at sending institution

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component code (if any) at the receiving institution**  | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component*****[tick if applicable]*** | **Added component*****[tick if applicable]*** | **Reason for change[[2]](#endnote-2)** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | Total: ………… |

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

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

**II. COMMITMENT OF THE THREE PARTIES**

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

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

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

#### **III. 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:  |

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)