**Section to be completed DURING THE MOBILITY**

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

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

#### **Table C: Changes to study programme 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\*** | **Number of ECTS credits to be awarded by the receiving institution** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | Total: ………… |

\* **Reasons for changes to study programme abroad:**

**R1** Previously selected course unit is not available at receiving institution

**R2**  Course unit is in a different language than previously specified in the course catalogue

**R3**  Timetable conflict

**R4** Substituting a deleted course unit

**R5** Other (please specify)

**Table D: Changes in group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad**

|  |  |  |
| --- | --- | --- |
| **Component title (as indicated in the course catalogue) at the sending institution** | **Semester** [winter / summer] | **Number of ECTS credits**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Total: ………… |

#### **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 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.

**The student**

|  |
| --- |
| Student’s signature: ………………………………………………………… Date:………………………………………………… |

**The sending institution**

|  |  |
| --- | --- |
| **Erasmus+ Coordinator’s signature and stamp**Date: ………………………………………………………………. | **Dean’s signature and stamp**Date: ………………………………………………………………. |

**The receiving institution**

|  |
| --- |
| Responsible person’s signature and stamp……………………………………………………………………………… Date: ……………………………………………………………… |