**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student |  | Field of Study |  |
| Home institution |  | Country |  |
| Host institution |  | Country |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Code at Home Institution | Course Name at Home Institution | ECTS credits | Added / Deleted | | Course Code at Host Institution | Course Name at Host Institution | ECTS credits | Added / Deleted | |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |
|  |  |  | **A** | **D** |  |  |  | **A** | **D** |

if necessary, continue this list on a separate sheet

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| --- |
| Student’s signature  .......................................................................................... Date : \_\_\_ / \_\_\_ / 20\_\_\_\_ |

|  |  |
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| **HOME INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
|  |  |
| Institutional coordinator’s name & signature  ....................................................................  Date: \_\_\_ / \_\_\_ / 20\_\_\_\_ | |

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| --- |
| **HOST INSTITUTION**  We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Institutional coordinator’s name & signature  ....................................................................  Date: \_\_\_ / \_\_\_ / 20 \_\_\_\_ |

*It must be signed by you, then by the home institution, then by the host institution and send to teleco.subdir.internacional@uvigo.es*