**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** |
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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*