



Section to be completed DURING THE MOBILITY - CHANGES TO THE ORIGINAL LEARNING AGREEMENT

Exceptional changes to Table A (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)							
Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change ¹	Number of credits (or/and class hours)	
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Exceptional changes to Table B (if applicable) (to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)						
Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

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

The student _____

Student's signature _____ Date: _____

The sending institution

Responsible person's signature _____ Date: _____

The receiving institution _____

Responsible person's signature _____ Date: _____

¹ Reasons for exceptional changes to study programme abroad (choose an item number from the table below):

Reasons for deleting a component	Reason for adding a component
1. Previously selected educational component is not available at the Receiving Institution	5. Substituting a deleted component
2. Component is in a different language than previously specified in the course catalogue	6. Extending the mobility period
3. Timetable conflict	7. Other (please specify)
4. Other (please specify)	