

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

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

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

THE STUDENT : LASTNAME Firstname

Component code (if any) at the Receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason For change ¹⁰	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<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"/>		
		<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 trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

L'étudiant NOM		PRENOM	
Signature		Date:	
L'établissement d'accueil			
Signature de la personne responsable		Date:	
L'établissement d'envoi			
Signature du responsable de diplôme		Date:	
Signature du coordinateur Erasmus		Date:	
Signature du Bureau Europe		Date:	

III. CHANGES IN THE PERIOD OF THE MOBILITY

New planned period of the mobility: from / / 20..... until / / 20.....

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

L'étudiant NOM PRENOM	
Signature	Date:
L'établissement d'accueil	
Signature de la personne responsable	Date:
L'établissement d'envoi	
Signature du responsable de diplôme	Date:
Signature du coordinateur Erasmus	Date:
Signature du Bureau Europe	Date: