

Student name _____

Section to be complete DURING THE MOBILITY

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

Code	Component title (as indicated in the course catalogue) at the receiving institution	Delete	Add	Semester [autumn / spring] [or term]	Reason for change	ECTS*
		<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"/>			

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		<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"/>			

Total ECTS:

*** Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component**

This document must be accompanied by a copy of the previously approved learning agreement

For guidelines, please look at Annex 1, for end notes please look at Annex 2: http://www.ugr.es/~intlerasmGuidelines_and_Notes_2014.pdf

Student name

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.

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

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The Student

Student's signature: _____ Date: _____

The Sending Institution

Responsible person's signature: _____ Date: _____

The Receiving Institution

Responsible person's signature: _____ Date: _____