



Name of Student			
Sending Institution		Country	

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

(to be filled ONLY if appropriate)

Course code (if any) and page no. of the information package/study guide	Course title (as indicated in the information package/study guide)	Deleted course unit	Added course unit	Number of ECTS credits (and/or Finnish/other credits)
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*if necessary, continue the list on a separate sheet*

Date _____	Student's signature _____
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**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Date _____	Departmental coordinator's signature _____
Date _____	Institutional co-ordinator's signature _____

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Date _____	Departmental coordinator's signature _____
Date _____	Institutional co-ordinator's signature _____