

Name of student :

Sending institutionCountry

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT /

Course unit code /	Course unit title (as indicated in the information package)	Deleted course unit /	Added course unit /	ECTS
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If necessary, continue this list on a separate sheet

Student's signature Date:.....

SENDING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study / learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:.....

Date:.....

RECEIVING INSTITUTION – PL JOZEFOW01

We hereby confirm the above-listed **changes** to the initially agreed programme of study / learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:.....

Date:.....