

RECEIVING Institution: We confirm that this learning agreement is approved.

	Faculty Coordinator	Institutional Coordinator
Name	GENTZANE ALDEKOA	VICENTE ATXA
Signature and Stamp		
Date		

ACADEMIC YEAR 2011 – 2012

Name of the student:	
Sending institution:	Country:

CHANGES to the original proposed Learning Agreement				
Course Unit Code	Course Unit Title (as indicated in the course catalogue)	Deleted course	Added course	Number of ECTS credits

I hereby declare that the above-listed changes to the initially agreed study programme are correct

Date: / / Student's signature

SENDING Institution: We confirm the approval of the above listed changes to the initially agreed Learning Agreement

	Departmental Coordinator	Institutional Coordinator
Name		
Signature		
Date		

RECEIVING Institution: We confirm the provisional approval of this proposed study programme / learning agreement

	Departmental Coordinator	Faculty Coordinator	Institutional Coordinator
Name		GENTZANE ALDEKOA	VICENTE ATXA
Signature			
Date			