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

(to be filled in ONLY if appropriate)

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| Sending institution: **Charles University in Prague** (CZ\_PRAHA07)Name of student: ...................................................................................................................................... |

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| Course unit code (if any) and page no. of the information package............................................................................................................................................................................................................................................................................................................ | Course unit title (as indicated in the information package).................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits...................................................................................................................................................................................................................................... |

if necessary, continue this list on a separate sheet

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| Student’s signature.......................................................................................... Date: ........................................................…… |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature.................................................................................Date: ..................................................................…… | Institutional coordinator’s signature.............................................................................................Date: .............................................................................…… |

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| **RECEIVING INSTITUTION**We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature.................................................................................Date: ..................................................................…… | Institutional coordinator’s signature...............................................................................................Date: ...............................................................................…… |