**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)  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  ............................................. | Deleted  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | 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: ...............................................................................…… |