

Student's signatureDate:

Sending Institution

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

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Date: Date:

Receiving Institution

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

.....

Date: Date:

Student's signature Date:

Sending Institution

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date: Date:

Receiving Institution

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:Date: