





## Section to be completed DURING THE MOBILITY

### The Student

Last name (s)	First name (s)
---------------	----------------

FACULTAD DE:

### CHANGES TO THE ORIGINAL LEARNING AGREEMENT

[The section to be completed before the mobility should be kept unchanged, and changes should be described in this section only.]

#### I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

[Exceptional changes should be made within a month. Only if absolutely necessary, any party can request changes within the first two-week period after regular classes/educational components have started. All these changes have to be agreed by the three parties within a two-week period after the request.]

TABLE D: EXCEPTIONAL CHANGES TO SET OF COMPONENTS TO BE REPLACED AT SENDING INSTITUTION

code (if any)	Component title	Deleted component	Added component	Reason for change <sup>1</sup>	Number of ECTS credits <sup>2</sup>
					Total:

[Only if changes affect table B, please insert a revised version below and label the table as "Table D: Exceptional changes to set of components to be replaced at sending institution".]

A4: Other:

B3: Other:

<sup>1</sup> Reasons for deleting a component: A1) Previously selected educational component is not available at receiving institution A2) Component is in a different language than previously specified in the course catalogue A3) Timetable conflict, A4) Other (please specify).  
Reason for adding a component: B1) Substituting a deleted component, B2) Extending the mobility period, B3) Other (please specify).

<sup>2</sup> The sending institution should fully recognise this number of ECTS credits and any exception to this rule should be documented in an annex of the Learning Agreement and agreed by all parties.



## The Student

Last name (s)	First name (s)
---------------	----------------

FACULTAD DE:

## II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

### New responsible person in the sending institution:

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### New responsible person in the receiving institution:

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

*[Agreement of the proposed amendments by email is accepted. Original or scanned signatures are not mandatory for this specific section.]*

### The student

Student's signature or  
approval by e-mail

Date:

### The sending institution

Responsible person's signature or approval by e-mail

Date:

### The receiving institution

Responsible person's signature or approval by e-mail

Date: