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**FREE MOVER**

**CHANGES TO THE ORIGINAL LEARNING AGREEMENT FOR STUDIES**

ACADEMIC YEAR: 20\_\_/20\_ FALL TERM SPRING TERM FALL&SPRING TERMS

|  |  |
| --- | --- |
| Student’s Name-Surname  |  |
| Home Institution(Name, City, Country) |   |
| College/Faculty/Institute |  |
| Department |  |
| Host Institution(Name, City, Country) |  |

|  |  |  |
| --- | --- | --- |
|  | **Courses at the Host University** | **Courses at the Home University** |
|  **Courses to be dropped from Learning Protocol** |
|  | **Code** | **Course Name** | **Credit** | **Code** | **Course Name** | **Credit** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  | **Total Credits** |  |  **Total Credits** |  |
| **Courses to be added to Learning Protocol**  |
|  | **Code** | **Course Name** | **Credit** | **Code** | **Course Name** | **Credit** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  | **Total Credits** |  | **Total Credits** |  |

|  |
| --- |
| Student’s Signature ……………… Date …/…/201 |

|  |  |
| --- | --- |
| **HOME INSTITUTION:**. We hereby confirm that the above mentioned schedule/study programme is approved. | **HOST INSTITUTION:**  We hereby confirm that the above mentioned schedule/study programme is approved. |
| Head of Department Head of International Office/Coordinator Name/Surname Name/Surname…………..…………………………………………………………......... ……………………………………………………………………………Signature SignatureDate../…/201.. Date../…/201.. | Head of Department Head of International Office/Coordinator Name/Surname Name/Surname…………..…………………………………………………………......... ……………………………………………………………………Signature Signature Date../…/201.. Date../…/201.. |
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