



Sending Institution: \_\_\_\_\_ Country: \_\_\_\_\_

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

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
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

if necessary, continue this list on a separate sheet

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**RECEIVING INSTITUTION**  
We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.  
Departmental coordinator's signature \_\_\_\_\_ Institutional coordinator's signature \_\_\_\_\_  
Prof. Alessio Langella \_\_\_\_\_ Prof.ssa Lorella Canzoniero \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_