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DETAILS OF	THE PRO	POSED STUDY I	PROGRAI	MME/LE	ARNING A	AGREEMENT		
Receiving Institution		Country		Place		Field of Study		
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Total:								
	Period time							
Course Code	Course Title				(MM/DD/YY)			
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Departmental	]	Institutional Coordinator's Signature						
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Name of the Student Sending Institution Country Academic Year  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 course catalogue) In the course catalogue  Changes in amount of credit points (+ or -):  Student's Signature  SENDING INSTITUTION We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.  Date  RECEIVING 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  Institutional Coordinator's Signature  Institutional Coordinator's Signature  Institutional Coordinator's Signature  Date  Date  Date	PERSONAL INFORMATION											
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