**ECTS – EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING-AGREEMENT: CHANGES**

**NAME OF STUDENT:**       **ACADEMIC YEAR:**

**FIELD OF STUDY:**

SENDING INSTITUTION:

Contact information:

RECEIVING INSTITUTION: Graz University of Technology, AGRAZ02

Contact information: International Office – Welcome Center

Rechbauerstraße 12, 8010 Graz, Austria

**Exchange Coordinator at TU Graz**

Name:

E-Mail Address:

CHANGES TO THE PROPOSED STUDY PROGRAMME ABROAD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course code** | **Course title** | **Deleted course unit** | **Added course unit** | **Number of ECTS credits** |

If necessary, continue this list on a separate sheet.

**Please make sure only to send proper scans and copies. Photos will not be accepted.**

|  |
| --- |
| **Student’s signature**  ........................................................................................................................... Date: |

|  |
| --- |
| **SENDING INSTITUTION:** *We confirm that this proposed programme of study/learning agreement is approved.* |
| **Responsible person’s name and signature**  Name:       Signature: …………………………………………………………… Date: |

|  |
| --- |
| **RECEIVING INSTITUTION:** *We confirm that this proposed programme of study/learning agreement is approved.* |
| **Responsible person’s name and signature (departmental coordinator)**  Name:       Signature: …………………………………………………………… Date: |

**Page** **of**