**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

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| --- | --- | --- | --- | --- |
| **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.**

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

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

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| --- |
| **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:       |

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