



**ERASMUS – EXCHANGE
LEARNING AGREEMENT MODIFICATIONS**

Name of Student		
Exchange Program		
Field of Study		
Home University		
Coordinator at Home University	Name	
	Fax Number	

Course No.	Course Title	ECTS	Course is
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Student Signature: _____		Date: _____	
Sending Institution: We confirm that this proposed program of study is approved. Date and Stamp: Coordinator Signature:		Receiving Institution: We confirm that this proposed program of study is approved. Date and Stamp: Coordinator Signature:	