



Student's signature..... Date:

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:



Student's signature..... Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

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: