ECTS –EUROPEAN CREDIT TRANSFER SYSTEM

CHANGES TO THE ORIGINAL LEARNING AGREEEMENT ACADEMIC YEAR 20___-20___

UNIVERSITY OF EASTERN FINLAND

Field of study: _____

Name of student:_____

Sending institution: *University of Eastern Finland (UEF)* Country: *Finland*
UEF Campus:

Receiving institution: _____ Country:_____

Changes to the original learning agreement If necessary continue the list on a separate sheet.

Course Unit Code	Name of the course	Number of ECTS credits	Added course unit	Deleted course unit
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Signatures

_____ Date _____/_____/_____
Student's signature

Sending institution: I confirm that the changes of study period/ learning agreement is approved

_____
Signature of departmental coordinator
Date _____/_____/_____

Receiving institution: I confirm that the changes of study period/ learning agreement is approved

_____
Signature of departmental coordinator
Date _____/_____/_____