

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

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 ____/____/____