**Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

#### Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component code (if any) at the receiving institution** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component**  ***[tick if applicable]*** | **Added component**  ***[tick if applicable]*** | **Reason for change[[1]](#endnote-1)** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | | | | | Total: ………… |

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme. Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits** |
|  |  |  |  |
|  |  |  | Total: ………… |

|  |
| --- |
| **Departmental Coordinator in the sending institution:**  Name:  Phone number: **E-mail:**  Signature:  **Institutional Coordinator’s name & signature:**  **Assoc. Prof. Dr. Ufuk KOCA ÇALIŞKAN Date:** |

|  |
| --- |
| **Departmental Coordinator in the receiving institution:**  Name:  Phone number:  Signature :  **E-mail:**  **Institutional Coordinator’s name and signature:** |
| **Date:** |

1. [↑](#endnote-ref-1)