

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved by the Faculty's academic board/ Board of Professor/Technical-Scientific Committee, on _____

Faculty 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:

Name of student:

Sending institution: **Università degli Studi della Basilicata** - Country: **Italy**

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
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if necessary, continue this list on a separate sheet

Student's signature.....

Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Faculty coordinator's signature _____ Institutional coordinator's signature _____

Date: _____ Date: _____

RECEIVING INSTITUTION

We confirm by 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: _____