Form for Changes During the Mobility
FOR NON ERASMUS STUDENTS

Student's family name: _____ First name: _____

Name sending institution (in local language): _____

University code (if known): _____ City & country: _____

Date of birth (dd-mm-yyyy): _____

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

To be filled in only if applicable

Course code	Course title	Delete this course	Add this course	Number of ECTS credits
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____

If necessary, continue this list on a separate sheet

CHANGES TO THE ORIGINAL PERIOD OF STUDY ABROAD

To be filled in only if applicable

Original period of study:

from: _____ *(day)* / _____ *(month)* / _____ *(year)*

to: _____ *(day)* / _____ *(month)* / _____ *(year)*

New period of study:

from: _____ *(day)* / _____ *(month)* / _____ *(year)*

to: _____ *(day)* / _____ *(month)* / _____ *(year)*

Student's signature: _____ Date: _____

SENDING INSTITUTION

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

Departmental coordinator's signature:

_____ Date: _____

RECEIVING INSTITUTION: RADBOUD UNIVERSITEIT NIJMEGEN (NL NIJMEGE01)

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

International Office coordinator's signature

_____ Date: _____