



**SENDING INSTITUTION**

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date: .....

Date: .....

**RECEIVING INSTITUTION**

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date: .....

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

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Date: .....

Date: .....