

CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Erasmus⁺ programme

Name of student:

Sending institution:

Receiving institution: Charles University in Prague (CZ_PRAHA07)

Receiving faculty: Faculty of Medicine in Hradec Kralove (Doc. MUDr. Yvona Mazurová)

Term of study:

Details of the proposed study programme abroad / learning agreement

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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>

Student's signature:

Date:

SENDING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date: