





# CENTRAL OSTROBOTHNIA UNIVERSITY OF APPLIED SCIENCES

## 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:

..... Country: .....

## 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
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if necessary, continue this list on a separate sheet

Student's signature

..... Date: .....



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

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Date: .....

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Date: .....