

**Form for Changes During the Mobility
FOR NON ERASMUS STUDENTS-
ACADEMIC YEAR 2024/2025**

Student's family name: _____ First name: _____

Name sending institution (in local language): _____

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

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

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:	New period of study:
from: _____(day) / _____(month) / _____(year)	from: _____(day) / _____(month) / _____(year)
to: _____(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: _____