

# CHANGES LEARNING AGREEMENT

## The Student

Last name (s)		First name (s)	
Date of birth		Nationality <sup>1</sup>	
Sex [M/F]		Academic year	20.. /20..
Study cycle <sup>2</sup>		Subject area, Code <sup>3</sup>	
Phone		E-mail	

## The Sending Institution

Name	<b>Universidad Autónoma de Madrid</b>	Faculty	<b>Science</b>
Erasmus code (if applicable)	<b>E- MADRID04</b>	Department	
Address	C/ Darwin, 2 – 28049 Carretera colmenar; km 5 Campus Cantoblanco	Country, Country code <sup>4</sup>	<b>Spain, ES</b>
Contact person <sup>5</sup> name	<b>M<sup>a</sup>Teresa Parra Catalán</b>	Contact person e-mail / phone	<b><a href="mailto:ori.ciencias@uam.es">ori.ciencias@uam.es</a> +34 914 974 452</b>

## The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person <sup>4</sup> name		Contact person e-mail / phone	

<sup>1</sup> Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>2</sup> Short cycle (EQF level 5) / bachelor or equivalent first cycle (EQF level 6) / master or equivalent second cycle (EQF level 7) / doctorate or equivalent third cycle (EQF level 8).

<sup>3</sup> Please refer to the ISCED 2013 subject field that is closest to the subject of the degree to be awarded to the student by the sending institution. For the list of detailed subject fields, see: <http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-education.aspx>.

<sup>4</sup> Please use ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</sup> A person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

## Section to be completed DURING THE MOBILITY

### CHANGES TO THE ORIGINAL LEARNING AGREEMENT

*[The section to be completed before the mobility should be kept unchanged, and changes should be described in this section only.]*

#### I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

*[Exceptional changes should be made within a month. Only if absolutely necessary, any party can request changes within the first two-week period after regular classes/educational components have started. All these changes have to be agreed by the three parties within a two-week period after the request.]*

Table C: Exceptional changes to study programme abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change <sup>6</sup>	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component <sup>7</sup>
		<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"/>		
					Total: .....

*[Only if changes affect table B, please insert a revised version below and label the table as "Table D: Exceptional changes to set of components to be replaced at sending institution".]*

<sup>6</sup> Reasons for deleting a component: A1) Previously selected educational component is not available at receiving institution A2) Component is in a different language than previously specified in the course catalogue A3) Timetable conflict, A4) Other (please specify).

Reason for adding a component: B1) Substituting a deleted component, B2) Extending the mobility period, B3) Other (please specify).

<sup>7</sup> The sending institution should fully recognise this number of ECTS credits and any exception to this rule should be documented in an annex of the Learning Agreement and agreed by all parties.

## II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

**New responsible person in the sending institution:**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**New responsible person in the receiving institution:**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

*[Agreement of the proposed amendments by email is accepted. Original or scanned signatures are not mandatory for this specific section.]*

**The student**

Student's signature or approval by e-mail \_\_\_\_\_ Date: \_\_\_\_\_

**The sending institution**

Responsible person's signature or approval by e-mail \_\_\_\_\_ Date: \_\_\_\_\_

**The receiving institution**

Responsible person's signature or approval by e-mail \_\_\_\_\_ Date: \_\_\_\_\_