## STUDENT'S PERSONAL DATA

| | |
|---|---|
| Name of student | |
| Sending Institution | Country |
| Student's e-mail address | |

*CHANGES TO ORIGINAL LEARNING AGREEMENT*
*(to be filled in ONLY if appropriate)*

| Course unit code *and page no. of the information package* | Course unit title *(as indicated in the course catalogue)* | Deleted course unit | Added course unit | N° of ECTS credits |
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*If necessary, continue this list on a separate sheet*

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|---|---|
| Student's signature | Date DD MM YYYY |

## SENDING INSTITUTION

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

| | |
|---|---|
| Departmental coordinator signature | Date DD MM YYYY |
| Institutional coordinator's signature | Date DD MM YYYY |

## RECEIVING INSTITUTION - ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

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

| | |
|---|---|
| Departmental coordinator signature | Date DD MM YYYY |
| Institutional coordinator's signature<br>*Prof. Giuseppe ANDREANI* | Date DD MM YYYY |