



**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

*(\*to be completed 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

*If necessary, continue this list on a separate sheet*

**Student’s signature:**

**Date:**

<b>SENDING INSTITUTION</b>	
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Departmental coordinator’s signature .....	Institutional coordinator’s signature .....
Date:.....	Date:.....

<b>RECEIVING INSTITUTION</b>	
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Departmental coordinator’s signature .....	Institutional coordinator’s signature .....
Date: .....	Date: .....

**Please return this form to Southampton Solent University**

By e-mail to: [international.exchanges@solent.ac.uk](mailto:international.exchanges@solent.ac.uk)

By fax to: 0044 2380319412

By post to: Academic Partnerships Office  
MCS- Room A201  
Southampton Solent University  
East Park Terrace  
Southampton SO14 ORX- UK