

Section to be completed DURING THE MOBILITY

Table A: Exceptional changes to Table A¹

(to be approved by **e-mail or signature** by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)

Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Language of the course	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change ²	ECTS ³
			<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"/>		
			<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"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Table B: Exceptional changes to Table B (if applicable)

(to be approved by **e-mail or signature** by the student and the responsible person in the Sending Institution)

Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	ECTS ⁴	Component's responsible person ⁵ (if any)
		<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"/>		
		<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"/>		
		<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"/>		

Specifications of the reasons for change (4 or 7), if any:

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The student Student's signature Date:
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The Sending Institution Responsible person's signature Date:

The Receiving Institution Responsible person's signature Date:

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

Responsible person at the Sending Institution	
Name	
E-mail	
Position	

Responsible person at the Receiving Institution	
Name	
E-mail	
Position	

¹ **VŠE Students:** Fill your **Name** in the heading of the Learning Agreement for Studies. (See **Student's name.**) Fill the **Academic Year.**

² **Reasons for exceptional changes to study programme abroad (choose an item number from the table below):**

Reasons for deleting a component	Reason for adding a component
1. Previously selected educational component is not available at the Receiving Institution	5. Substituting a deleted component
2. Component is in a different language than previously specified in the course catalogue	6. Extending the mobility period
3. Timetable conflict	7. Other (please specify below the Table A)
4. Other (please specify below the Table A)	

³ **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion.** In countries where the "ECTS" system is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in the relevant tables by the name of the equivalent system that is used, and a web link to an explanation to the system should be added.

⁴ **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution.**

⁵ **VŠE Students: Optional!** Signature of person responsible for the educational component at VŠE (tj. garant kurzu nebo vedlejší specializace), if required.