**CHANGES TO THE STUDY ABROAD COURSE PLAN**

***(CHANGES TO THE Learning Agreement)***

**ACADEMIC YEAR** **/**

***Semester*:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of student:*  |  | *Host institution:* |  |
| *Home institution:* | **Prague University of Economics and Business** | *Address:* |  |
| *Faculty of* |  | *Country:* |  |
| *Country:* | **Czech Republic** | *Contact:* | **např. web / email / telefon** |

**CHANGES TO THE ORIGINALLY PROPOSED STUDY PLAN / LEARNING AGREEMENT**

*To be filled in ONLY if appropriate. List the courses you wish to exclude from your originally proposed study plan (making a cross in the field “Deleted course unit”) and those you wish to include in the plan (making a cross in the field “Added course unit”.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Course ID**(if any)* | *Course name* | *Number of* | *Added course* | *Deleted course* |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |
|  |  |  | **[ ]**  | **[ ]**  |

*If necessary, please continue list of courses on a separate sheet. VSE recommended semester workload is 20-30 ECTS*

|  |  |
| --- | --- |
| *Student’s signature:* ................................................... | *Date:*  |

|  |  |
| --- | --- |
| **HOME INSTITUTION** | **HOST INSTITUTION** |
| ***We approve these changes to the originally proposed study plan. This student’s stay at host institution is NOT under the framework of any bilateral agreement between home and host institution, i.e. the student’s status is “free-mover” or similar, according to the rules of host institution.*** | ***We approve these changes to the originally proposed study plan.*** ***We consider that this student’s stay at our institution is NOT under the framework of any bilateral agreement between home and host institution, i.e. the student’s status is “free-mover” or similar, according to the rules of our institution.*** |
|  |  |
| **Vice-Dean** | **Responsible Person** |
| *Signature*: ........................................................................ | *Name:* ......................................................................................... |
| *Date*: ............................................................................... | *Position:* ...................................................................................... |
| *Signature:*................................... | *Stamp:* |
|  | *Date:* ........................................................................................... |