

CHANGE OF LEARNING AGREEMENT

FREE MOVER MOBILITY Academic Year 2011/2012

Family name and First name: _____ Student's identification number: _____

Faculty (at the Free University of Bozen-Bolzano): _____ Degree Course: _____

Receiving institution: _____ Country: _____

Period of study abroad: _____ from _____ / _____ / _____ until _____ / _____ / _____ Number of months: _____

Planned Activity

• Courses to be attended abroad and if possible their code number	• Duration of the Course (term) • Number of Hours of Lectures and/or Exercise • Type of Course • Number of ECTS credits (if available)	Proposal of recognition

It is the student's responsibility to ensure that he/she has not already completed the courses and activities included in this agreement. Even if the agreement is approved, no credit will be granted for courses and activities that have already been completed at FUB prior to the exchange.

Date _____ Signature of the student: _____

office use only:

APPROVAL BY THE FACULTY BOARD:

Date _____ Signature of the person in charge: _____