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**Commitment of the three parties**

**Changes to the learning agreement**

***Mobility type: Semester(s)***

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|  | **Exceptional changes to Table A**  (to be approved by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) | | | | | |
| **Table A2** | **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] | **Reason for change**  (see explanation in the Glossary at the of the document) | **Number of ECTS credits (or equivalent)** |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  | *If necessary please electronically insert more rows.* | ☐ | ☐ | Choose a number | **TotaL:** |

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| By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies The Beneficiary Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed are in line with its course catalogue or as agreed otherwise and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution | Ana Matić Škorić, PhD | ects.coordinator @erf.unizg.hr | ECTS coordinator |  |  |
| Responsible person at theReceiving Institution |  |  |  |  |  |

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| **Exceptional changes to Table B (if applicable)**  (to be approved by the student and the responsible person in the Sending Institution) | | | | | | | | |
| **Table B2** | **Component code** (if any) | **Component title at the** **Sending Institution** (as indicated in the course catalogue) | **Deleted component** [tick if applicable] | **Added component** [tick if applicable] | **Reason for change**  ( see explanation in the Glossary at the of the document) | **Number of ECTS credits (or equivalent)** | **Automatic recognition** |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  | *If necessary please electronically insert more rows.* | ☒ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |

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| **Exceptional changes to Table C (if applicable)**  (to be approved by the student and the responsible person in the Sending Institution) | | | | | | |
| **Table C2** | **Component**  **code (if any)** | **Component title or description of the study**  **programme at the Receiving Institution** | **Short description of the virtual component**  **(obligatory field):** | **Reason for change** | **Number of ECTS credits to be awarded** | **Automatic recognition** |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  | *If necessary please electronically insert more rows.* |  |  |  | *Yes* ☐ *No* ☐ |

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| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution |  |  | ECTS coordinator |  |  |