**Academic year Field of study:**

**Study period: to:**

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| Name of student: Sending institution: Ivane Javakhishvili Tbilisi State University Country: Georgia |

**Details of the proposed study programme abroad**

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| Receiving institution:  Country: |

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| **Course**  **Code if any** | **Course title** | **Semester** | **Receiving institution credits** | **ECTS credits** |
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| Student’s signature:....................................... Date:.................................... |

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| **Sending institution:** We confirm that the proposed programme of study/learning agreement is approved Departmental coordinator’s signature Institutional coordinator’s signature  ------------------------------------------- ---------------------------------------------  Date:------------------------------------ Date: ------------------------------------- |

**Receiving institution:**

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

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Date:----------------------------------- Date: -------------------------------------

**Changes to original proposed study programme/learning agreement**

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| Name of student: |
| Sending institution: Country: |

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| **Course code if any** | **Course title (as indicated in the information package)** | **Semester** | **Deleted**  **course unit** | **Added course unit** | **ECTS Credits** |
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| **Sending institution:** 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: ------------------------------------- |

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| **Receiving institution:**  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: ------------------------------------- |