

During the Mobility

Exceptional changes to Table A (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)						
Table A2 During the mobility	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 ¹	Number of ECTS credits (or equivalent)
			<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"/>		

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)					
Table B2 During the mobility	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]	Number of ECTS credits (or equivalent)
			<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"/>	

Signatures

Student: _____	
Receiving Institution: _____ Date: _____	Stamp:
Sending Institution: _____ Date: _____	Stamp: