



**VNIVERSIDAD
D SALAMANCA**

CAMPUS DE EXCELENCIA INTERNACIONAL



FACULTAD DE GEOGRAFÍA E HISTORIA

C/ Cervantes s/n 37002 Salamanca
<https://fgh.usal.es/estudiantes/#movilidad>
mov.gh@usal.es
socgh@usal.es
erasmus-out@usal.es

CHANGES TO THE ORIGINAL LEARNING AGREEMENT DURING THE MOBILITY

ACADEMIC COURSE 2021/2022

FIELD OF STUDY:

Name of the student:				
Sending Institution:	UNIVERSIDAD DE SALAMANCA	E SALAMAN02	Country:	SPAIN	
Receiving Institution:				

CHANGES TABLE A

Name University	Component title	Deleted course	Added course	Reason for change	Credits
Component code		<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"/>		

CHANGES TABLE B

Universidad de Salamanca	Component title	Deleted course	Added course	Reason for change	Credits
Component code		<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"/>		



**VNIERSIDAD
D SALAMANCA**

CAMPUS DE EXCELENCIA INTERNACIONAL

FACULTAD DE GEOGRAFÍA E HISTORIA

C/ Cervantes s/n 37002 Salamanca
<https://fgh.usal.es/estudiantes/#movilidad>
mov.gh@usal.es
socgh@usal.es
erasmus-out@usal.es



Academic Course 2021/2022

STUDENT:

Family name:

Name

RECEIVING INSTITUTION:

Course:

Degree:

Semester:

Table A:					Table B: Universidad de Salamanca				
COMPONENT TITLE AT RECEIVING INSTITUTION					COMPONENT TITLE AT THE SENDING INSTITUTION				
Course code	Component code	Course title	Nº of ECTS credits	Semester	Course code	Component code	Course title	Nº of ECTS credits	Semester
Total number of ECTS credits:					Total number of ECTS credits:				

Academic course 2021 / 2022

Student's signature

Date:

SENDING INSTITUTION

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's, name, e-mail and signature

Date:

RECEIVING INSTITUTION

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's name, e-mail and signature

Date: