## UNIVERSITÀ DEGLI STUDI DI FIRENZE

## ERASMUS+ ACADEMIC YEAR 20 ..../20...... LEARNING AGREEMENT (2)

Name of student: Registration N°: Registration N°:				
Home institution:		Country:		
Host institution:	Country: ITALY			
School:				
CHANGES TO ORIGINAL STUDY PROGRAMME				
(to be filled in ONLY if appro	priate)	deleted	added	ECTS
ECTS Code, if any	Course Unit	course unit		Credits
Student's signature	If neces	sary, continue	on separate	sheet.
HOME INSTITUTION			NG AGREEM	1ENT
We confirm that this proposed programme of study is approved.  Erasmus Institutional/Departmental coordinator Responsible academic tutor				
Name				
	Signature: FIRENZE,			
HOST INSTITUTION	<b>I</b>	LEA	RNING AG	REEMENT
We confirm that this	proposed of study is approved.	FIRENZE,		
Erasmus coordinator	of the programme or			
Erasmus delegate	Name	Signature		