

CHANGES to ORIGINAL PROPOSED LEARNING AGREEMENT:

To be filled in only if appropriate.

Course Unit Code	Title of the Unit Course	Course unit to be deleted	Course unit to be added	ECTS Credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

DECLARATION

Signature of the Student: Date:	Signature of the Departmental Coordinator: Date:
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HOST INSTITUTION:

Signature of the Local Coordinator: <i>Prof. Dr. Süheyda Atalay</i> Date:	Signature of the Institutional Director: <i>Prof. Dr .Fikret İkiş</i> Date:
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HOME INSTITUTION:

Signature of the Local Coordinator: Date:	Signature of the Institutional Director: Date:
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