

Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Faculty/Department	Erasmus code (if applicable)	Address	Country	Contact person name; email; phone	
	Universität Rostock		D ROSTOCK 01		Germany		
Receiving Institution	Name	Faculty/ Department	Erasmus code (if applicable)	Address	Country	Contact person name; email; phone	

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 change¹	Number of ECTS credits (or equivalent)
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	

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"/>	

Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the changes to the Learning Agreement and that they will comply with all the arrangements agreed by all parties.

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person ² at the Sending Institution			ERASMUS+ Dept. Coordinator		
Responsible person ³ at the Receiving Institution					

¹ **Reasons for exceptional changes to study programme abroad (choose an item number from the table below):**

<i>Reasons for deleting a component</i>	<i>Reason for adding a component</i>
1. Previously selected educational component is not available at the Receiving Institution	5. Substituting a deleted component
2. Component is in a different language than previously specified in the course catalogue	6. Extending the mobility period
3. Timetable conflict	7. Other (please specify)
4. Other (please specify)	

² **Responsible person at the Sending Institution:** ERASMUS+ Departmental Coordinator

³ **Responsible person at the Receiving Institution:** the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.