

STUDENT'S PERSONAL DATA

Name of student

Sending Institution

Country

Student's e-mail address

*CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)*

Course unit code <i>and page n° of the information package</i>	Course unit title <i>(as indicated in the course catalogue)</i>	Deleted course unit	Added course unit	N° of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature

Date

| DD | MM | YYYY

SENDING INSTITUTION- ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator signature

Prof. Edoardo MALAGIGI

Date

| DD | MM | YYYY

Institutional coordinator's signature

Prof. Giuseppe ANDREANI

Date

| DD | MM | YYYY

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator signature

Date

| DD | MM | YYYY

Institutional coordinator's signature

Date

| DD | MM | YYYY