



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
CHANGE LEARNING AGREEMENT**

ACADEMIC YEAR:
FACULTY/DEPARTMENT/PROGRAMME in ITU:

Semester: **Study Level:** **Class:**

Name of Student:
Receiving institution:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled ONLY if appropriate and ONLY within 4 to 7 weeks after the start date of the host institution's related semester)

Course unit code and title in the Sending Institution –ITU (as indicated in the information package)	Course unit code and title in the Receiving Institution (as indicated in the information package)	Add/Drop	Reason for Change	Number of ECTS credits in the Receiving Institution	Number of ECTS Credits at ITU
TOTAL Before Change		TOTAL			

If necessary, continue the list on a separate sheet TO BE SIGNED AND DATED BY ALL PARTIES

Reasons for deleting a component: A1) Previously selected educational component is not available at receiving institution A2) Component is in a different language than previously specified in the course catalogue A3) Timetable conflict, A4) Other

Reason for adding a component: B1) Substituting a deleted component, B2) Extending the mobility period, B3) Other

Student's signature:	Date:
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SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's name and signature

Institutional coordinator's name, signature and stamp

Assoc. Prof. Elif PEHLİVANOĞLU MANTAŞ

Date:

Date:

RECEIVING INSTITUTION Should be filled by the receiving institution - Academic Calendar:/...../201... -/...../201...

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's name and signature

Institutional coordinator's name, signature and stamp

Date:

Date:

Oriinal belge ITU Erasmus Ofisi'nde kalacaktır/ Original document shall be kept at ITU Erasmus Office

Please bring the completed form to ITU EU Centre Erasmus Office

ITU Ayazaga Kampusu, Otomasyon Binası, 34469 Maslak / Istanbul TURKEY

Tel: +90 212 285 71 83/84 Fax: +90 212 285 62 42 email: erasmus@itu.edu.tr



Tanınma Belgesi/ Recognition Sheet*

ENSTITÜ DEĞİŞİM PROGRAMI KOMİSYONU ONAYI		
ABD AKTS Koordinatörü Ünvan, Adı - Soyadı	ABD Program Koordinatörü Ünvan, Adı - Soyadı	Ens.Müdür Yardımcısı Ünvan, Adı - Soyadı
Tarih: / /20	Tarih: / /20	Tarih: / /20
İmza	İmza	İmza

DEKANLIK veya ENSTİTÜ MÜDÜRLÜĞÜ ONAYI

Tarih:	İmza ve Mühür
/ /20	

*The university commits itself to fully recognise the courses taken according to the original or changed LA (on the back of this sheet) and with the grades transferred from the host university as shown on the transcript provided by this letter.