

## Changes to the original Study Plan / Learning agreement

Course code	Course title	Deleted course	Added course	(Reason for change)	Number of credits
		<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"/>		
					Total: .....

**The student**

Student's signature:

Date:

**The sending institution: Åbo Akademi**

Academic coordinator's signature:

Date: