

# International Student Exchange Program

## Learning Agreement Exchanges to the University of Trieste

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT**  
(to be filled in ONLY in case of added courses)

**ACADEMIC YEAR 2013/2014 -**

**FIELD OF STUDY: .....**

COURSE CODE	COURSE TITLE (AT TRIESTE)	Number of credits

if necessary, continue this list on a separate sheet

Student's signature

..... Date: .....

**SENDING INSTITUTION** - We confirm that the proposed program of study/learning agreement is approved.

Faculty Dean's signature

ISEP Institutional coordinator's signature

.....

Date: ..... Date: .....

**RECEIVING INSTITUTION** - We confirm that the proposed program of study/learning agreement is approved.

Departmental International Mobility Delegate's  
signature

ISEP Institutional coordinator's signature

.....

Date: .....

Date: .....