

Date:

Studentens navn/Name of student:

Sendeinstitusjon/Sending institution: Høgskulen i Sogn og Fjordane/Sogn og Fjordane University College
(N SOGNDAL01). Land/Country: Norge/Norway

FORANDRINGER I STUDIEPLANEN/CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME

(skal bare fylles ut hvis det blir endringer/to be filled in ONLY if appropriate)

Kurskoder/Course unit code (if any) and information source	Navn på kurs/Course unit title (as indicated in the information source)	Kurs som utgår/ Deleted course unit	Nye kurs/ Added course unit	ECTS-poeng/ Number of ECTS credits
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
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om nødvendig, fortsett liste på eget ark/if necessary, continue this list on a separate sheet

Studentens signatur/Student's signature

..... Dato/Date:

SENDEINSTITUSJON/SENDING INSTITUTION

Vi bekrefter at endringene foreslått ovenfor er godkjent./We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Studieleders signatur/Departmental coordinator's signature

Internasjonal koordinators signatur/Institutional coordinator's signature

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Dato/Date:

Dato/Date:

MOTTAKSINSTITUSJON/RECEIVING INSTITUTION

Vi bekrefter at endringene foreslått ovenfor er godkjent./We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Fagansvarligs signatur/Departmental coordinator's signature

Internasjonal koordinators signatur/Institutional coordinator's signature

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Dato/Date:

Dato/Date: