**CHANGES TO THE ONLINE STUDY PLAN**

Please note that this is an internal document needed for changing the courses previously indicated in the learning agreement in the online system SOL at University of Florence, your home university could provide you with another form.

PLEASE CHECK THE CORRECT – WRONG UNITS IN THE ONLINE SYSTEM BEFORE FILLING OUT THIS FORM

|  |  |  |
| --- | --- | --- |
| **STUDENT** | | |
| Last name(s) .……………………………………………………………..… | First name(s) ………………….............. | Registration n° …..………….. |
| E-mail: ………………………………………………………………………………………………………………………………………………………………… | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHANGES TO ORIGINAL STUDY PROGRAMME** | | | | | |
| **Component code**  *(if any)* | **Component title at the Receiving Institution**  *(as indicated in the course catalogue)* | **Deleted component**[tick if applicable] | **Added component** [tick if applicable] | **Reason of change** [choose an item] | **Number of ECTS credits** (or equivalent) |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |
|  |  | ☐ | ☐ |  |  |

Student’s signature: ……………………………………………. Date: ……………………………

|  |  |  |
| --- | --- | --- |
| **HOME INSTITUTION** | | |
| Name:  ……………………………………………………………………... | Faculty/Department:  ……………………………………………………….... | Erasmus Code:  ……………………………….. |
| Erasmus institutional/Department Coordinator:  Name: ……………………………………………………………………………… Last name: …………………………………………………………………... | | |
| **We confirm that this proposed programme of study is approved** | | |
| HOME COORDINATOR’S SIGNATURE  ……………………………………………………………………… | STAMP OF THE HOME INSTITUTION  Date: ……………………………………………………… | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HOST INSTITUTION** | | | |
| Name:  **Università degli Studi di Firenze** | Faculty/Department:  **Scuola di Architettura** | | Erasmus Code:  **I FIRENZE01** |
| Erasmus institutional/Department Coordinator: **Prof.ssa Camilla Perrone** [**archint@unifi.it**](mailto:archint@unifi.it) | | | |
| **We confirm that this proposed programme of study is approved** | | | |
| HOST COORDINATOR’S SIGNATURE  ………………………………………………………………………………… | | STAMP OF THE HOST INSTITUTION  Date: ……………………………………………………… | |

*Please note that this document must be signed by your home university before sending it to archint@unifi.it in .PDF format.*