

ACADEMIC YEAR 2012/2013 - FIELD OF STUDY:

Sending institution:

..... Country:

Receiving institution:

UNIVERSITY OF THE ARTS
LONDON, CHELSEA Country: UK

if necessary, continue the list on a separate sheet

Student's signature

Date:

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

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

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

Departmental coordinator's signature

Institutional coordinator's signature

Date: 08/07/2023.

Date: 08/01/2013

Name of student: LEKA FERENC

Country:

(to be filled in ONLY if appropriate)

if necessary, continue this list on a separate sheet

Date:

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Institutional coordinator's signature

Date:

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Institutional coordinator's signature

Date: