

Planned Study Abroad • International Exchange Programmes

Name of student:			
Field of study:			
Academic year:		Winter semester	Summer semester
Sending institution: Technis	che Universität Braunschwe	eig	
Receiving institution:			
Course code: (if appropriate)	Course title:		
			
			
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If necessary continue this list on an extra sheet. Please note that all changes to the learning agreement must be approved by the departmental coordinator at the TU Braunschweig.			
Flease note that all changes to the	rleaming agreement must be app	oved by the departmental coordinato	ratule 10 braunschweig.
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Student's signature:		Date:	
To be completed by the office:			
Technische Universität B	raunschweig: We confirm	that the learning agreemen	t is approved.
Departmental coordinator's signature:		Date:	
Institutional coordinator's signature:		Date:	
Receiving Institution: We confirm that the learning agreement is approved.			
Institutional coordinator's signature	e:	Date:	