



## Changes to Original Proposed Learning Agreement International Exchange Programmes

Please fill in only if applicable. If necessary, continue the list of courses below on an extra sheet.

Last name of student	First name	Academic year

Field of study	Winter semester	Summer semester

Sending institution	Receiving institution
Technische Universität Braunschweig	

Course code	Course title			Number of ECTS credits
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	
		Deleted	Added	

Date	Student's signature

**To be completed by the office:**

**Technische Universität Braunschweig:**  
We confirm that the above listed changes to the initially proposed learning agreement are approved.

**Receiving institution:**  
We confirm that the above listed changes to the initially proposed learning agreement are approved.

Date	Departmental coordinator's signature	Date	Institutional coordinator's signature

Date	Institutional coordinator's signature