

Changes to Original Proposed Learning Agreement • International Exchange Programmes

lease fill in only if appropriate.				
Name of student:		First name:		
Field of study:				
Academic year:		Winter semester	Summer semester	
Sending institution: Technise	che Universität Braunschweig	1		
Receiving institution:				
				Number of
Course code (if appropriate)	Course title		Deleted Added	
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•		If necessa	ary continue this list or	an extra sheet.
Student's signature:		Date:		
To be commissed by the off	e:			
To be completed by the off Technische Universität Bra				
We confirm that the above list	sted changes to the initially pr	roposed learning agreeme	nt are approved.	
Departmental coordinator's signatur	re:	Da	ite:	
In abit, this wall are public at a state of		-	4	
Institutional coordinator's signature:	:	Da	ite:	
Receiving Institution: We confirm that the above list	sted changes to the initially pr	roposed learning agreeme	nt are approved.	
Institutional coordinator's signature:	:	Da	ite:	