

Name of student:

 Sending institution: Bauhaus - Universität Weimar D WEIMAR 01 Country: Germany

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
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if necessary, continue this list on a separate sheet

Student's signature:..... Date:.....

SENDING INSTITUTION
 We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Date: Date:
 Place: Place:
 Departmental coordinator's signature: Institutional coordinator's signature:

RECEIVING INSTITUTION
 We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Date: Date:
 Place: Place:
 Departmental coordinator's signature: Institutional coordinator's signature: