

This page is only to be filled in and signed if any changes in the courses and projects chosen arise during the period of study at the host university.

- Period of study: **Spring 20__ () / Autumn 20__ ()** (put x)

Name of student:	
Sending Institution: University of Applied Sciences Wedel	Country: Germany

Changes to originally proposed study program/learning agreement

(to be filled in ONLY if appropriate)

Course code	Course title (as indicated in the information package)	Deleted courses	Added courses	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue this list on a separate sheet

By my signature I confirm that I will observe/respect all internal rules at the Host University and that my exchange period will have a duration of one semester with a workload of minimum 30 ECTS credits per semester. I commit myself to follow all lectures and to participate in all examinations in above courses.

Student's signature	
_____	Date: _____

Sending Institution	
We confirm this proposed programme of study/learning agreement is approved.	
Departmental Coordinator's signature	Institutional Coordinator's signature
_____	_____
Date: _____	Date: _____

Receiving Institution	
We confirm that this proposed program of study/learning agreement is approved.	
Departmental Coordinator's signature	Institutional Coordinator's signature
_____	_____
Date: _____	Date: _____