CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

**(to be filled ONLY if applicable)**

ACADEMIC YEAR: FIELD OF STUDY:

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| Name of student:  Student ID (htw saar-Matrikel-Nr.):  E-mail-address:  Sending institution and country: |

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| Receiving institution: Hochschule für Technik und Wirtschaft des Saarlandes (htw saar)  University of Applied Sciences  Goebenstr. 40, 66117 Saarbrücken  Country: Germany |

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| module code | module title (as indicated in official module description) | deleted course unit | added course unit | number of  credits  (ECTS) |
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If necessary, continue this list on a separate sheet.

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| STUDENT’S SIGNATURE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SENDING INSTITUTION  We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.  Departmental co-ordinator’s signature Institutional co-ordinator’s signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| RECEIVING INSTITUTION  We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.  Departmental co-ordinator’s signature Institutional co-ordinator’s signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |