

ECTS
CHANGES TO STUDY PROGRAMME ORIGINALLY PROPOSED/LEARNING
AGREEMENT
 (TO BE FILLED IN ONLY IF APPROPRIATE)

NAME OF STUDENT
SENDING INSTITUTION:

course unit code at the sending institution	COURSE UNIT TITLE AT THE SENDING INSTITUTION	course unit code at the receiving institution	EQUIVALENT COURSE UNIT TITLE AT THE UNIVERSITY OF VETERINARY MEDICINE, FOUNDATION, HANNOVER	Deleted D Added A	ects credits

(If necessary, continue this list on a separate sheet)

STUDENT'S SIGNATURE	DATE
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SENDING INSTITUTION	
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement have been approved. Departmental coordinator's signature,	Institutional coordinator's signature,
Name: Date:	Name: Date:

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