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|  |  |
| --- | --- |
|  | |
| **First and last name, academic degrees**: | |
| **Phone**: | **E-mail**: |
| **Advisor,** | |

# Proposal for doctoral courses to be chosen in agreement with the advisor.

It is possible to choose more than 20 ECTS credits; this will be binding following approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| course number | Course instructor | Type of course (lecture,..) | Course title | ECTS |
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I hereby confirm that I have not completed any of the above listed or equivalent courses. Otherwise the approval shall be suspended and replaced by an amended curriculum.

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**Date/Signature of institute head** **Date/Signature of doctoral student**

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Stellungnahme der Programmbegleitung

Genehmigung wird entsprechend der Anmeldung empfohlen

folgender Einwand besteht:

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Datum, Unterschrift