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| Student number | : |  | Name | : |  |
| Phone number | : |  |  |  |  |

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| **Courses which are to be replaced:** | | | |
| **Code** | **Course** | **EC** | **Remarks** |
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| **Newly selected courses:** | | | |
| **Code** | **Course** | **EC** | **Remarks** |
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A complete overview of your new, changed Study Programme **has to be attached** (you can use the form ‘Application study programme’ of your programme), in order to process this form.

**MSc Coordinator Responsible Professor Board of Examiners**

Name: Name: Name:

Date: Date: Date:

Signature: Signature: Signature: