

Advanced Signal Processing & Communications Engineering (ASC)

Study Plan Alterations

Signatures (only required for study plan alterations)

Date: _____

Date: _____

Signature: _____

Signature: _____

Full Name: _____

Full Name: _____

Function: Student

Function: Mentor

Date: _____

Date: _____

Signature: _____

Signature: _____

Full Name: Prof. Dr.-Ing. Ralf Müller

Full Name: Prof. Dr.-Ing. Walter Kellermann

Function: Admission Committee

Function: Admission Committee

Date: _____

Date: _____

Signature: _____

Signature: _____

Full Name: Prof. Dr. Meinard Müller

Full Name: apl. Prof. Dr.-Ing. W. Gerstacker

Function: Admission Committee

Function: Admission Committee

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