

## PART 1 Before Mobility: Proposed Study Program

Student Details	
Family Name(s) First Name(s): Home Address: E-Mail:	
Student Exchange	
Receiving Institution: <b>University of Siegen</b>	Country: <b>Germany</b>
Sending Institution:	Country:
Faculty:	Field of Study:

### Courses at Receiving Institution (For exchange programs of the University of Siegen: 15 - 30 ECTS)

Course Unit Code	Course Unit Title	Semester 1 or 2	ECTS

### Recognition at Sending Institution

Course Unit Code	Course Unit Title	Semester 1 or 2	Number of credits/ Hours per week

### Confirmation of Above Proposed Study Program

Student's Signature	
Date:	Signature:
SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange	
Name:	Position:
Date:	Signature:
RECEIVING INSTITUTION: Member of Faculty Responsible for Student Exchange	
Name:	Position:
Date:	Signature:

**PART 2 During Mobility: Changes to Study Program**

<b>Student Details</b>	
Name, First Name:	
<b>Student Exchange</b>	
Receiving Institution:	Country:
Faculty:	Field of Study:

**Changes to originally proposed study program (if appropriate)**

Course Unit Code	Course Unit Title	Semester 1 or 2	Deleted Course Unit	Added Course Unit	ECTS

**Recognition at Sending Institution**

Course Unit Code	Course Unit Title	Semester 1 or 2	Numbers of Credits/ Hours per Week

**Confirmation of Above Proposed Study Program**

<b>Student's Signature</b>	
Date:	Signature:
<b>SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange</b>	
Name:	Position:
Date:	Signature:
Name:	Position:
Date:	Signature: