

PART 1 Before Mobility: Proposed Study Program

Student Details	
Name, First Name:	
Sending Institution: <i>University of Siegen</i>	Study Program:
Address:	E-mail:
Student Exchange	
Receiving Institution:	Country:
Faculty:	Field of Study:

Courses at Receiving Institution (15 ECTS)

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

Recognition at Sending Institution

Course Unit Code	Course Unit Title	Semester 1 or 2	Numbers of ECTS Credits

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

Student Details	
Name, First Name:	
Student Exchange	
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	Numbers of credits/ hours per week

Recognition at Sending Institution

Course Unit Code	Course Unit Title	Semester 1 or 2	Numbers of ECTS Credits

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: