

Study Agreement for Global Exchange and Studies Abroad

PART 1 Before Stay: Proposed Studies Abroad

Student Details

Name, First Name:	Student ID No.:
Sending Institution: <i>University of Siegen</i>	Study Program:
Student E-Mail:	

Student Exchange or Studies Abroad

Receiving Institution:	Country:
School:	Field of Study:
Semester Abroad: <input type="checkbox"/> Winter Semester 20.../.... <input type="checkbox"/> Summer Semester 20....	

Courses at Receiving Institution (minimum requirement: 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 Studies Abroad

Student Signature

Date: _____ Signature: _____

SENDING INSTITUTION: Member of Faculty Responsible for Recognition

Name:	Position:
Date:	Signature:

RECEIVING INSTITUTION: Member of Faculty Responsible for Incoming Students

Name:	Position:
Date:	Signature:

Student Details

Name, First Name:	Student ID No:
Student E-Mail:	

Student Exchange

Receiving Institution:	Country:
School:	Field of Study:

Changes to Originally Proposed Studies Abroad (if appropriate)

Course unit code	Course unit title	Semester 1 or 2	Deleted course unit	Added course unit	Numbers of credits/ hours per week
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Recognition at Sending Institution

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

Confirmation of Above Changes to Originally Proposed Studies Abroad

Student Signature

Date:	Signature:
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SENDING INSTITUTION: Member of Faculty Responsible for Recognition

Name:	Position:
Date:	Signature:

RECEIVING INSTITUTION: Member of Faculty Responsible for Incoming Students

Name:	Position:
Date:	Signature: