

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	Name/ Signature (appointed staff member in the field of study in Siegen)

Recognition at Sending Institution

Course Unit Code	Course Unit Title	Semester 1 or 2	Numbers of ECTS Credits	Name/ Signature (appointed staff member in the field of study in Siegen)

Student 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:

RECEIVING INSTITUTION: Member of Faculty Responsible for Student Exchange

Name:

Position:

Date:

Signature:

Confirmation of Above Changes to Originally Proposed Studies Abroad