

PART 1 Before Mobility: Proposed Study Program
Student Details

Family Name, First Name(s):	
Address:	
E-Mail:	

Sending Institution (Home Univ.)

Home University:	
School/Department:	
Study Program:	

Receiving Institution (Host Univ.)

Home University:	
School/Department:	
Study Program:	

Courses at Receiving Institution

Participation in a regular exchange program of the University of Siegen requires a minimum of 15 ECTS.

Course Unit Code	Course Unit Title	Semester 1 or 2*	Number of Credits or Hours per Week	Name/ Signature (appointed staff member in the field of study in Siegen)

* semester 1 = winter semester; semester 2 = summer semester

Recognition at Sending Institution

Course Unit Code	Course Unit Title	Semester 1 or 2*	Number of Credits or Hours per Week	Name/ Signature (appointed staff member in the field of study in Siegen)

* semester 1 = winter semester; semester 2 = summer semester

Confirmation of Above Proposed Study Program
Student's Signature

Date: _____ Signature: _____

RECEIVING INSTITUTION: Member of Faculty Responsible for Student Exchange

Name:		Position:	
Date:		Signature:	

SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange

Name:		Position:	
Date:		Signature:	

PART 2 During Mobility: Changes to Study Program
Student Details

 Family Name, First Name(s):
Student Exchange

Receiving Institution:	<input type="text"/>	Country:	<input type="text"/>
School/Department:	<input type="text"/>	Field of Study:	<input type="text"/>

Changes to Originally Proposed Study Program (if appropriate) at Receiving Institution

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)

* semester 1 = winter semester; semester 2 = summer semester

Recognition at Sending Institution

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)

* semester 1 = winter semester; semester 2 = summer semester

Confirmation of Above Changes to Proposed Study Program
Student's Signature

 Date: Signature:
RECEIVING INSTITUTION: Member of Faculty Responsible for Student Exchange

Name:	<input type="text"/>	Position:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>

SENDING INSTITUTION: Member of Faculty Responsible for Student Exchange

Name:	<input type="text"/>	Position:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>