# Request of Approval for Semester Abroad

## Name of student

## Registration no.

## Email

## Subject area
Cognitive Science

## Study Cycle (Bachelor/Master/PHD)

## Sending institution
Osnabrück University, Germany

## Contact person
Prof. Sven Walter
Institute of Cognitive Science/Internationalization
Wachsbleiche 27
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## Proposed semester abroad:

### Studies abroad
(Not for ERASMUS students!)

- University Cooperation (via International Office)
- Cognitive Science Cooperation
- private
- other ____________________________

### Internship

- ERASMUS
- private
- other (e.g. RISE) ____________________________

## Name of host organization

## Address

## Contact person

## Email

## Duration of stay
(min of 12 weeks (3 months) + 30hrs/week)

from (dd.mm.yy)

to (dd.mm.yy)

Duration in months:

## Internship only

Daily training period: ______ hours

Hours per week:

Trainee's Tasks (internship only):

## Student's signature

## Before Departure:
Date, stamp, signature
Institute of Cognitive Science

## Towards the end of the stay to confirm the above:
Date, stamp, signature
Host organization

Please send this document to ikw-eras@uni-osnabrueck.de BEFORE the mobility. We will return it if the place/workscope you chose is conform to our regulations. Take it abroad, have it signed and changed if necessary shortly before you return to Osnabrück. Upon return, please hand it in at the examination office.