

## Request of Approval for Semester Abroad

**BEFORE** the mobility: Please send this document to [ikw-eras@uni-osnabrueck.de](mailto:ikw-eras@uni-osnabrueck.de). We will return it if the place/work scope you chose is conform to our regulations. **Take it abroad, have it signed, stamped and changed if necessary shortly before you return to Osnabrück.** **AFTER** the mobility: Return it to the IKW ERASMUS/mobility office!

Name of student	
Matriculation 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 D-49090 Osnabrück Tel.: +49 541 969 3355 - Fax: +49 541 969 2415 Email: <a href="mailto:ikw-eras@uni-osnabrueck.de">ikw-eras@uni-osnabrueck.de</a>

### Proposed semester abroad:

<b>Studies abroad</b> (Not for ERASMUS <u>students!</u> )	<input type="checkbox"/> University Cooperation (via International Office) <input type="checkbox"/> Cognitive Science Cooperation <input type="checkbox"/> private
<b>Internship</b>	<input type="checkbox"/> <b>ERASMUS</b> <input type="checkbox"/> private <input type="checkbox"/> other (e.g. RISE) _____
Name of host organization	
Address	
Contact person	
Email	
<b>Duration of stay</b> (min of 12 weeks (3 months) + 30hrs/week)  from _____ to _____  Duration in months: _____	<b>Internship only</b>  Daily training period: _____ hours  Hours per week: _____
<u>Trainee's Tasks (internship only):</u>  _____  _____	
Date Student's signature	
<b>Before the mobility:</b> Date, stamp, signature Institute of Cognitive Science	
<b>Towards the end of the stay to confirm the above</b> Only valid with: Date, stamp, signature Host organization	
<b>After the mobility:</b>  Approval for DAAD: Our students receive 6 ECTS per month abroad.	This is equivalent to: _____ ECTS Date and stamp IKW mobility office: