

Request of Approval for Semester Abroad

BEFORE the mobility: Please send this document to 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!

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| <p>Home University Osnabrück University Prof. Sven Walter Institute of Cognitive Science/ Internationalization Wachsbleiche 27 D-49090 Osnabrück Tel.: +49 541 969 3355 Fax: +49 541 969 2415 Email: ikw-eras@uni-osnabrueck.de</p> <p>Admin: Petra Diessel pdiessel@uos.de</p> | <p>Student</p> <hr/> <p>Name</p> <hr/> <p>Matriculation no.</p> <hr/> <p>Email</p> <p><input type="checkbox"/> BSC <input type="checkbox"/> MSC <input type="checkbox"/> PHD</p> <hr/> <p>Study Cycle in Cognitive Science</p> |
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| <p>Semester abroad</p> <p><input type="checkbox"/> University Cooperation <input type="checkbox"/> private</p> | <p>Internship abroad</p> <p><input type="checkbox"/> Erasmus+ <input type="checkbox"/> RISE <input type="checkbox"/> Mitacs <input type="checkbox"/> Other (self-organized, other organizations, ...)</p> |
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| <p>Host Organization</p> <p>Name:</p> <p>Address:</p> | <p>Supervisor at host organization</p> <p>Name:</p> <p>E-Mail:</p> |
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| Internship details | |
| <p>from _____ to _____</p> <p>Duration in months:</p> <p>Hours per week:</p> | <p>Field of research:</p> <p>Trainee's tasks:</p> |

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| <p>Date, Student's signature</p> | |
| <p>Before the mobility: Date, stamp, signature Institute of Cognitive Science</p> | |
| <p>Towards the end of the stay to confirm the above Only valid with: Date, stamp, signature Host organization</p> | |
| <p>After the mobility: Approval for DAAD: Our students receive 6 ECTS per month abroad.</p> | <p>This is equivalent to: _____ ECTS Date and stamp IKW mobility office:</p> |