

Institute of Cognitive Science Request of Approval (ROA) for Internship or Semester Abroad

<u>BEFORE</u> the mobility: Please send this document to <u>ikw-eras@uos.de</u>. We will return it if the place/work scope you chose conforms to our regulations. For Internships Abroad: Take it abroad, contact us if changes are required, and have the final version signed and stamped shortly before you return to Osnabrück. <u>AFTER</u> the mobility: Return it to <u>ikw-eras@uos.de</u>

Student								
Name, First name								
Email:		·	Matriculation No:					
Cycle:	e:		Bachelor		☐ Master			
nternship				•				
Host institution:								
Address:								
Name Supervisor:		Email:						
Start: End:		:	Hours per week			Number of weeks		
ERASMUS (Have you applied for the grant?)		RISE		IITACS		Self-organized	Self-organized	
Research area:								
Accreditation Internship Abroad Mandatory (at least 3 months and 30h/week) For internships outside a university, up to 18 ECTS (Bachelor)/11 ECTS					☐ Voluntary			
(Master) can be acci	redited in t	the free electives	sity, up to 18 ECTS (Bachelor)/11 ECTS e free electives (6 ECTS/Month). For f more than 3 months, please get in co			ECTS credits for the stay:		
with us to clarify wh	ether mor	e than 18 credits	can be accredite	ed.				
-		Partnership (wo	orldwide) – aco	creditati	on see L	earning Agreement	t	
Partner University	:							
Start:			E	nd:				
Signatures				1				
,		Date:			Student:			
		Date:			Mobility Office			
Before end of stay: (Internship only!)		Date:			Supervisor:			
After stay return ROA to Mobility Office		Date:			Mobility Office:			