

## Institute of Cognitive Science Request of Approval 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		1						
Name, First name								
E-mail:								
Matriculation number	er:							
Course of studies		Bachelor				Master		
Internship or Semeste	er Abroad					•		
Host institution:								
Address:								
Supervisor: Nam					E-M	E-Mail:		
Start:			End:				No. of weeks:	
Area of Research:								
☐ ERASMUS ☐ RI		E			MITACS		Self-organized	
EITHER: Accreditation	Internship	Abro	oad					
Mandatory (at lea	ast 3 month	ns an	d 30h/w	eek)	☐ Vo	lunta	ry	
I have already tak internship or semest			-	fy)				
For internships outside ECTS (Master) can be ECTS/Month). For internships months, please get in 18 credits can be according to the second seco	e accredited ernships w n contact w	l in th ithin	ne free e a univer	elective sity of	es (6 f more tl	nan 3		ECTS credits for the stay:
OR: Study abroad via	University	Partr	nership (	(world	lwide) –	accre	ditatio	n see Learning Agreement
Partner university								
Start:			End:					
Signatures				•				
Before mobility:	Studer	Student:					IKW:	
	Date:	vate:				Date:		
Before end of stay: (Internship only!)	Superv	Supervisor:				Date:		