

PROPOSAL OF COURSES

Name of Applicant		Home University	
Study Programme		Field of Agreement	
Mobility Period		Required ECTS	

To be completed by the applicant
To be completed by Ulm University

Course No.	Course Title	ECTS	Language	Level	Offered	Approved
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> EN <input type="checkbox"/> DE	<input type="checkbox"/> BA (1 st) <input type="checkbox"/> MA (2 nd)	<input type="checkbox"/> WS <input type="checkbox"/> not yet known <input type="checkbox"/> SS <input type="checkbox"/> not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Student

I would like to sign up for the above-listed courses. I have already discussed the conditions for recognition with the responsible person at my home university. I am aware that I may adjust my course selection based on the feedback from Ulm University before making an official Erasmus+ learning agreement.

The Departmental Coordinator / Incoming Student Advisor

I have checked the selection of courses. If there are no capacity limitations on individual courses and the academic and linguistic requirements are met, approval is granted. A list with alternative courses is attached for courses denied or not offered.

Date **Signature / Stamp**

PROPOSAL OF CLINICAL ELECTIVES / HOSPITAL ROTATIONS
 -- Erasmus+ SMS --

Name of Applicant		Home University		
Field of Study	0912 Medicine	Year of Study	(At Time of Mobility)	
Mobility Period		Required Workload	Weeks Total	ECTS Total
<i>To be completed by the applicant</i>			<i>To be completed by Ulm University</i>	
Subject / Field		Duration Weeks	Status	Period
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To
			<input type="checkbox"/> confirmed <input type="checkbox"/> refused	From To

The Student

I would like to sign up for the above-listed courses. I have already discussed the conditions for recognition with the responsible person at my home university. I am aware that I may adjust my course selection based on the feedback from Ulm University before making an official Erasmus+ learning agreement.

The Departmental Coordinator / Incoming Student Advisor

I have checked the proposed electives/rotations. A list with alternative/additional assignments/periods is attached, in case the proposed programme could not be approved completely.

Date Signature / Stamp