



preliminary course plan - semester abroad

Student	Last name(s)	First name(s)	E – Mail		Matriculation number
Sending Institution	Name	Faculty	Field of education	Study cycle (BA/MA)	Semester abroad
	Augsburg University of Applied Sciences				
Receiving Institution	Name	Country	Study programme	Faculty / School	Erasmus Code

Study specialisation: _____
Foreign language and level: _____ A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>
Foreign language and level: _____ A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>

COURSES TO BE ATTENDED				
	Component code (if any)	Component title at the Receiving Institution	Semester	Number of ECTS credits
Table A				

RECOGNITION AFTER MOBILITY					
	Component code (if any)	Component title at the Receiving Institution	Semester	Number of ECTS credits	Automatic Recognition
Table B		will be accredited			

Date / Signature Student

Date / Signature Faculty