

Preliminary Course Choice at the University of Applied Sciences Emden/Leer

Last name, first name:		 	
Home University:		 	
Home Coordinator:		 	
Study Program (Home L	Jniversity):		
Faculty (Emden/Leer):	• •		
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Study semester in the	y semester in the academic year 20 / 20				
Fall Term 🛛	Spring Term \Box	Full academic year \Box			

The recognition of the following modules has already been approved by your home coordinator: Yes \Box $\;$ No $\;$

Module	ECTS	Language of Instruction	Preliminary approved (filled out by Emden)
Credits total:			

Signature responsible person (will also sign the OLA)

University of Applied Sciences Emden/Leer