Name: _____

Field(s) of Study at RUB: _____

ERASMUS Stay Abroad in the Academic Year: _____

Host University: _____

RUB Departmental Coordinator: _____

ECTS Earned at the Host University (Acc. to the ToR): _____

STATEMENT

(To be filled in at the computer. Handwritten statements cannot be accepted.)

Date, Signature Student: _____

Taken Note of: _____

Date, Signature of the Departmental Coordinator