

APPLICATION FOR FUNDING DESPITE OBTAINING FEWER THAN 10 ECTS CREDITS PER SEMESTER ON ACCOUNT OF SPECIAL CIRCUMSTANCES

WINTER SEMESTER 20 / 20
SUMMER SEMESTER 20

Host university

Name		Country	
Stay	from / / 20	to	/ / 20

Student

Last name		First name	
Subject			
Reasons	a) <input type="checkbox"/> Illness (please enclose medical certificate) b) <input type="checkbox"/> Death or other specific family circumstances; please describe in brief: c) <input type="checkbox"/> Other (please explain)		
Explanation for c) <i>e.g. failing examinations despite <u>regularly attending courses, with corresponding evidence</u></i>			

Signature of student _____	location,	/ / 20
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If c) selected: signature of Erasmus Departmental Coordinator at the University of Bonn

I hereby confirm that the student named above has been proven to have completed a program of studies at the host university that can be considered sufficient and reasonable in view of the length of their stay even though they did not obtain 10 ECTS credits per semester.

Name of Erasmus Departmental Coordinator:

Signature: _____

Bonn, date: / / 20