



Student	Last Name(s)		First Name(s)		Email Address	Field(s) of Education	
Home Institution	Name	Faculty/Department(s)	Erasmus Code	Address(es)	Country	Contact Person(s) <sup>1</sup> Name; Email; Phone	
	University of Rostock	Anglistik/Amerikanistik	D Rostock01	August-Bebel-Str 28	Germany	Gareth Vaughan; <a href="mailto:gareth.vaughan@uni-rostock.de">gareth.vaughan@uni-rostock.de</a> ; 0049(0)381 498 2590  Michael Bowen; <a href="mailto:michael.bowen@uni-rostock.de">michael.bowen@uni-rostock.de</a> 0049(0)381 498 2590	
Partner Institution	Name	Faculty/Department(s)	Erasmus Code	Address(es)	Country	Contact Person(s) Name; Email; Phone	

Course Information for Recognition at Rostock University			
Study Program at the Receiving Institution		Intended Course Equivalent at Rostock University	
Component Title		Component Title	
Mark		Mark	
Number of ECTS Credits [or equivalent] awarded		Number of ECTS Credits [or equivalent] awarded	
Component Title		Component Title	
Mark		Mark	
Number of ECTS Credits [or equivalent] awarded		Number of ECTS Credits [or equivalent] awarded	
Component Title		Component Title	
Mark		Mark	
Number of ECTS Credits [or equivalent] awarded		Number of ECTS Credits [or equivalent] awarded	
Component Title		Component Title	
Mark		Mark	
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Component Title		Component Title	
Mark		Mark	
Number of ECTS Credits [or equivalent] awarded		Number of ECTS Credits [or equivalent] awarded	
Coordinator Comments (if necessary):			

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Contact Person: Erasmus+ Coordinator / Departmental Coordinator for the Program