



PROMOS-Scholarship

Training Agreement

1. Details of the student

Name of the student: _						
Field of study:						
Degree: _	Academic Year:					
Home institution: Rheinische Friedrich-Wilhelms-Universität Bonn						
2. Details of the pro	oposed training program abr	oad				
Host organization:						
Planned start and end da	ites of the traineeship: from _		_ till			
Knowledge, skills and competences to be acquired:						

Detailed program of the training period:					
Responsibilities of the trainee:					

Support and monitoring during the training period:					

3. To be completed by the host organization

training program we will issue a	certificate to the student.					
The student will receive financial support for the placement: Yes No						
If Yes, please indicate the amoun	nt of financial support:					
The student will receive contributions in kind for the placement: Yes No						
If Yes, please detail kind of conti	ribution:					
Official representative						
Name						
Function						
Date, Signature, Stamp						
4. To be completed by the	home institution:					
We confirm that this proposed t	raining program is approved.					
Is the traineeship part of the cur	riculum (Pflichtpraktikum): Yo	es No)			
On satisfactory completion of th	e training program we will award	I ECTS credits:				
If NO, please list the training per	riod in the Diploma Supplement.					
Official Department representat	ive:					
Name						
Function						
Nate Signature Stamn						

We confirm that this proposed training program is approved. On successful completion of the