GOETHE
UNIVERSITÄT
FRANKFURT AM MAIN

LIST OF PROPOSED COURSES AT GUEST INSTITUTION

Name of Applicant: _____

- Please indicate which courses (seminars, lectures, etc.) you would like to take during your stay at _____ (name of guest institution). It is recommended to name 4-6 courses per semester.*

Spring/ fall semester 20_____ (please indicate which semester and year)		
Course Number	**Course Title**	**Credits** (falls verfügbar) **(ECTS or other)**

*This is a tentative list and not binding regarding the courses you will actually take at the guest institution.