



Lab Exchange Form (English)

Please send the filled in and signed document to <u>ican@uni-trier.de</u> at the latest four weeks before the start of the exchange. Digital signatures suffice.

Name:	Exchange Instit	
First Supervisor:	Exchange Supe	
Department:	Exchange Depa	artment:
Subject Exchange Project (r	max. 250 words):	
Start Date: Exchange Duration: Goals of Exchange (key ach	End Date: ievements during exchange, max. 250 words):	
 Signature PhD Student	Signature First Supervisor	Signature Exchange Supervisor