|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | |
| Name - Surname |  | | |
| Student Number |  | | |
| Faculty / Department |  | | |
| Grade |  | Semester |  |
| Receiving Country |  | Receiving University |  |
| The Academic Year of the Mobility |  | Semester | Fall  Spring |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSES TO BE TAKEN AND EQUIVALENCY** | | | | | | | | |
| **Courses in receiving University** | | | | | **Equivalent courses in TEDU** | | | |
| **Course Code**  **(if any)** | **Course Name** | **ECTS** | **Add / Drop** | **Reason of Drop** | **Course Code**  **(if any)** | **Course Name** | **ECTS** | **Add / Drop** |
|  |  |  | Drop |  |  |  |  | Drop |
|  |  |  | Drop |  |  |  |  | Drop |
|  |  |  | Drop |  |  |  |  | Drop |
|  |  |  | Add |  |  |  |  | Add |
|  |  |  | Add |  |  |  |  | Add |
|  |  |  | Add |  |  |  |  | Add |
| **TOTAL** | |  |  |  | **TOTAL** | |  |  |  |

|  |  |
| --- | --- |
| **STUDENT** | **THESIS ADVISOR APPROVAL**  *(Only for Graduate students)* |
| Date / Full Name / Signature | Date / Full Name / Signature |

**The indicated program has been approved.**

|  |  |  |
| --- | --- | --- |
| **APPROVAL OF ERASMUS+ DEPARTMENTAL COORDINATOR** | **APPROVAL OF THE HEAD OF THE DEPARTMENT** | **APPROVAL OF SECONDARY FIELD COORDINATOR**  *(if Secondary Field courses are taken)* |
| Date / Full Name / Signature | Date / Full Name / Signature | Date / Full Name / Signature |

**Upon completing all the signatures, submit this form to the relevant Faculty Dean for the Faculty Decision Board.**