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

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| **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.**

|  |  |  |
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| **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.**