



COURSE CREDIT TRANSFER

FOR ACADEMIC YEAR

2025 / 2026

Name of student: _____					
Sending institution: <u>Warsaw University Of Technology</u>					
Faculty of: <u>Electronics And Information Technology</u>					
Hosting institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
		October	January	5	30

**DETAILS OF THE STUDY PROGRAMME ABROAD –
COURSE CREDIT TRANSFER PROPOSAL**

Course unit code (if any)	Course unit title (if the course is not taught in English, then provide title both in the local language and in English)	Language	Number of ECTS credits	Course unit classification (course group code) according to programme requirements

if necessary, continue the list on a separate sheet

Student's signature _____ Date: _____

APPROVAL OF THE PROPOSED COURSE CREDIT TRANSFER

Having earned credits listed above the student will satisfy registration requirements in the successive semester

Faculty Coordinator's signature

Dean's signature

Date: _____

Date: _____