

LLP-ERASMUS STUDENT MOBILITY

COURSE CREDIT TRANSFER



FOR ACADEMIC YEAR 2010 / 2011

Name of student:					
Sending institution: WARSAW UNIVERSITY OF TECHNOLOGY					
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		
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DETAILS OF THE STUDY PROGRAMME ABROAD – COURSE CREDIT TRANSFER PROPOSAL

Course unit code (if any)	Course unit title	Number of ECTS credits	Course unit classification according to programme classes or analogous course identification
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if necessary, continue the list on a separate sheet

Student's signature	Date:
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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: