ERASMUS+ STUDENT MOBILITY

COURSE CREDIT TRANSFER

FOR ACADEMIC YEAR ..... / .....

Name of student: .....

Sending institution: Warsaw University Of Technology

Faculty of: Electronics And Information Technology

Hosting institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		

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 Eglish, then provide title both in the local language and in English)	Langu-age	Num-ber of ECTS credits	Course unit classification according to programme classes or analogous course identification

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

Date: .....

Dean's signature

Date: .....