

 **ANTALYA BİLİM UNIVERSITY**

**TRANTALYA 02 – TURKEY**

**ECTS- EUROPEAN CREDIT TRANSFER SYSTEM RECOGNITION FORM**

Academic Year:

Name of Student:

Date of Birth:

Subject Area of Code:

Semester:

Graduate Program:

Study level:

Class

Gender:

Nationality:

Phone:

E-mail:

Receiving Institution Country/City/ Erasmus Code:

Start Date:

End Date:

*DETAILS OF THE PROPOSED MOBILITY PROGRAMME LEARNING AGREEMENT*

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| --- | --- | --- | --- | --- | --- |
| Course Unit Code in Sending Institution. | Course Unit Code in Receiving Institution. | Semester of the Courses | Language of The Instruction | Number of Credits at Receiving Institution | Number of Credits at Sending Institution |
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If necessary, continue the list on separate sheet. ***To be signed and dated by all parties before the mobility.***

***“I’m aware that graduate students who applied as thesis students are not allowed to take additional course.”***

Student’s signature: Date:

**Sending Institution**

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental Coordinator’s name and signature: Date:**

**Institutional Coordinator’s name and signature: Date:**

ORIGINAL DOCUMENT SHALL BE KEPT AT ABU ERASMUS OFFICE

|  |
| --- |
| GRADUATE SCHOOL COMMISSION APPROVAL |
| Departmental Coordinator | Assistant Director | Director of Graduate School |
| Date and Signature | Date and Signature | Date and Signature |

\*\*\*The university commits itself to fully recognize the courses taken according to the original or changed LA and with the grades transferred from the host university.