



EXCHANGE PROGRAM COURSE SELECTION FORM

STUDENT NAME: _____

STUDENT NUMBER: _____

DEPARTMENT AT EMU: _____

DEPARTMENT OF PARTNER INSTITUTION: _____

	COURSE CODE AT PARTNER INSTITUTION	COURSE TITLE AT PARTNER INSTITUTION	CREDITS AT PARTNER INSTITUTION	COURSE CODE AT EMU	COURSE TITLE AT EMU	CREDITS AT EMU
1						
2						
3						
4						
5						
6						
7						
8						

APPROVAL OF THE CHAIR AT PARTNER INSTITUTION

NAME & SURNAME: _____ PHONE NUMBER: _____

TITLE & POSITION: _____ EMAIL ADDRESS: _____

SIGNATURE:

APPROVAL OF THE CHAIR AT EMU

NAME & SURNAME: _____ PHONE NUMBER: _____

TITLE & POSITION: _____ EMAIL ADDRESS: _____

SIGNATURE: