



COURSE SELECTION FORM VISITING STUDENT

Student	Last name(s)	
	First name(s)	
	Nationality	
	Home university	
	Degree at home university	

Planned study programme at EEBE

Planned period of the mobility		From:	to:
		(month/year)	(month/year)
Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
Total:			

Student	Name		signature
	e-mail		
	Date		
Responsible person at the Sending Institution	Name		signature
	e-mail		
	Date		