**Academic Year:** 20..../20….  **Semester**:...............................................

**Name and Surname of the Student**: **Faculty / Department:** .......................................... ......................................................................

**Sending Institution**: .................................. **Country**:...............................................

**Receiving Institution**: Akdeniz University **Country**: Türkiye

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Courses at the Receiving Institution** | | | **Courses at the Sending Institution** | | |
| Code | Course Name | Number of ECTS Credits | Code | Course Name | Number of ECTS Credits |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
|  | Total Credits | |  | Total Credits | |  |

|  |  |
| --- | --- |
| **Student’s Name, Surname and Signature:** ............................................................ **Date:** ...../...../20..... | |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study / learning agreement is approved. | |
| **Departmental Coordinator’s Name, Surname and Signature**  **.............................................................................**  **Date:** ...../...../20..... | **Head of the International Relations Office Name, Surname and Signature**  **..............................................................................................**  **Date:** ...../...../20..... |
| **RECEIVING INSTITUTION (Akdeniz University)**  We confirm that the proposed programme of study / learning agreement is approved. | |
| **Departmental Coordinator’s Name, Surname and Signature**  **.............................................................................**  **Date:** ...../...../20..... | **Head of the International Relations Office Name, Surname and Signature**  **..................................................................................**  **Date:** ...../...../20..... |

\* This document should be prepared in 3 copies (for student, sending institution and receiving institution).

It will be valid after being signed by the student and coordinators of the sending and receiving institutions.