Mobility Plan

**Student's name:**

**Study program:**

Recognition at the home institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Host institution course** | **ECTS** | **Home institution course** | **ECTS** | **Semester** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**The total number of ECTS credits that will be recognized after the mobility:**

Other tasks the student has to fulfil in order to complete the ongoing semester at the home institution:

The student will have to contact the lecturers of the following courses:

**STUDENT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMED BY**

Name:

Function:

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_