

Academic Year e.g. 2020-2021
Academic Term: **Fall or Spring**

Name of the student

APPROVAL FORM OF COURSE EQUIVALENTS AND CREDITS

ACADEMIC YEAR: 20.... - 20.... FACULTY/SCHOOL/INSTITUTE: _____
ACADEMIC TERM: DEPARTMENT: _____

Student's Name:

Home university studies Program and Faculty/Institution

Sending Institution : ISTANBUL COMMERCE UNIVERSITY Country: Turkey

Receiving Institution:**Name of the Partner University**..... Country: **Country of the Partner University**.....

RECEIVING INSTITUTION				ISTANBUL COMMERCE UNIVERSITY			
During the student's study at Receiving Institution: in the current academic year, the student will attend the following courses:				Upon approval in all courses/training, equivalence to the following subjects will be provided at ISTANBUL COMMERCE UNIVERSITY:			
Course Code	Semester	Title of the Course Unit	ECTS Credits	Course Code	Semester	Title of the Course Unit	ECTS Credits
			6				6
			7				7
			8				8
			5				5
			TOTAL (ECTS CREDITS)				TOTAL (ECTS CREDITS)

Codes of course taken in partner university

Fall or Spring

Full name of the taken course in partner university

Codes of course taken in home university

Fall or Spring

Full name of the taken course in home university

Must be signed by student

Student's Signature: _____
Date: _____

We confirm that this proposed programme of study is approved.

Departmental Coordinator: _____
Name/Surname: _____
Signature: _____
Date: _____

Must be filled out and signed by Erasmus departmental coordinator

Institutional Coordinator: _____
Name/Surname: _____
Signature: _____
Date: _____

This part will be signed by Erasmus Office

*All information has to be on one page.