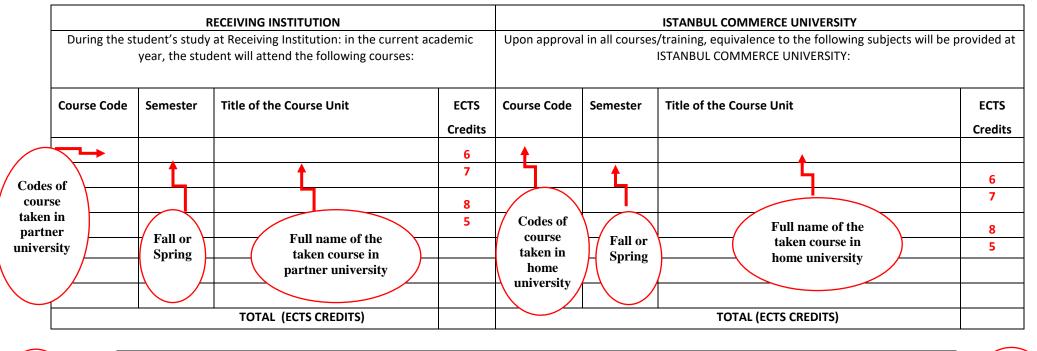
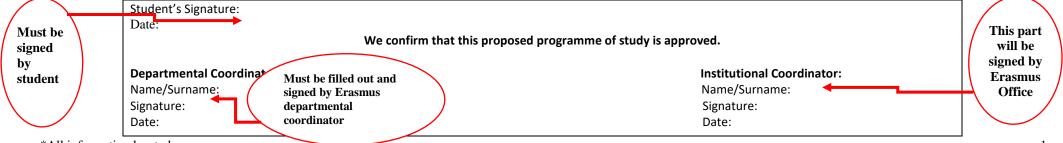
ISTANBUL COMMERCE UNIVERSITY Name of the student	Academic Year e Academic Term: 1 APPROVAL FORM OF COURSE EQUIVALEN	Fall or Spring	Erasmus+
ACADE Student's Name: Sending Institution : ISTANBUL COMMERCE UNIVERSITY Receiving Institution:Name of the Partner University	ACADEMIC TERM:	ULTY/SCHOOL/INSTITUTE: DEPARTMENT:	Home university studies Program and Faculty/Institution





*All information has to be on one page.