

eurekaSD Learning Proposal

Number of application:	_____		
First Name:	_____		
Last Name:	_____		
Field of Study:	_____		
Academic Year:	20	/20	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

Home Institution:

Name of Institution:	_____		
Country:	_____		

Host Institution:

Name of Institution:	_____		
Country:	_____		

Proposed Study Programme Abroad

At HOST Institution			At HOME Institution		
Course Code	Course Name	ECTS credits	Course Code	Course Name	ECTS credits

If necessary, continue the list on a separate sheet.

Home Institution

We acknowledge the application of the student and confirm that the proposed study program is approved.	
local representative	
Name:	_____
Date	Signature