

COURSE TRANSFER / STUDENT ADVISING FORM

STUDENT DETAILS

NAME OF STUDENT: _____ STUDENT ID: _____

FIELD/MAJOR OF CURRENT STUDY AND SCHOOL: _____

NO. OF CREDITS COMPLETED BY END OF THE LAST SEMESTER ENROLLED AT LAU: _____

STUDENT'S E-MAIL ADDRESS: _____ TEL.: _____

NAME AND COUNTRY OF THE HOST UNIVERSITY: _____

SEMESTER(S) TO BE SPENT AT THE HOST UNIVERSITY: _____

PROPOSED COURSES TO BE TAKEN AT THE HOST UNIVERSITY

US credits or European Credit Transfer and Accumulation System (ECTS credits)	Equivalent at LAU (course number and credits)	Chairperson's name and signature + date

Attach the description of courses listed above to this form before meeting with the relevant chairperson.

STUDENT'S SIGNATURE: _____

DATE: / /
Day Month Year