

**Mobility Course 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**

Course name & number + US credits or European Credit Transfer and Accumulation System (ECTS credits)	Equivalent at LAU (course number and credits)	Approved on EDMS	Validated by ISP (this section is filled after submission)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE:     /     /

Day                      Month                      Year