

THE STUDENT

Last name: First name: Email address:	Planned period of the mobility: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester Major chosen at Efrei Paris:
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THE INSTITUTIONS

Sending institution: Country : Erasmus code (if applicable):	Receiving institution : Efrei Paris Country : FRANCE Erasmus code : FPARIS 066
Institutional coordinator: Email address: Tel:	Efrei Paris International Advisor: Cécilia PATRICE Email: cecilia.patrice@efrei.fr Tel: +33146774215

DETAILS OF THE PROPOSED PROGRAM OF STUDY DURING THE EXCHANGE AT THE RECEIVING UNIVERSITY

COURSE UNIT CODE	COURSE UNIT TITLE	NUMBER OF CREDITS
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Student's signature :	Date :
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APPROVAL FROM SENDING INSTITUTION

Responsible person in the sending institution	Date:
Name:	Signature:
Function:	

APPROVAL FROM RECEIVING INSTITUTION

Responsible person in the receiving institution	Date:
Name:	Signature:
Function:	