

## 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