„MOST” STUDENT AND DOCTORAL STUDENT MOBILITY PROGRAMME

Curriculum Agreement

# Academic Year 20...../20.....,semester

 First name and surname of Student

# Register number:

## INFORMATION ABOUT HOME UNIVERSITY:

Name of the University:

Faculty/Institute/other the unit competent for the organisation of the higher education institution:

Field of study:

Year of study:

## INFORMATION ABOUT HOST UNIVERSITY:

Name of the University:

Faculty/Institute/other the unit competent for the organisation of the higher education institution:

Field of study to which a Student has been admitted:

**DETAILED DESCRIPTION OF THE CURRICULUM TO BE FOLLOWED AT HOST UNIVERSITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of course** | **Name of course in English (as defined by the host university)** | **Type of class (lecture, practical exercises, etc.)** | **Number of hours** | **Form of crediting (exam/ credit without grade)** | **Number of ECTS** |
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 **DETAILED DESCRIPTION OF THE CURRICULUM TO BE FOLLOWED AT HOME UNIVERSITY**

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| --- | --- | --- | --- | --- | --- |
| **Name of Ccourse** | **Type of class (lecture, exercises, etc.)** | **Number of hours** | **Form of crediting (exam/ credit without grade)** | **Number of ECTS** | **Date of crediting (dd, mm, yy) - to be filled in by the Dean (Deputy Dean) of the Home University** |
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*HOME UNIVERSITY:*

**I hereby certify that the course curriculum has been approved.**

Dean/Deputy-Dean/other person responsible for the organisation of the higher education institution:

**Place:**

**Date**

*HOST UNIVERSITY:*

**I hereby certify that the course curriculum has been approved and the MOST Program Participant is entitled to full access to the book collection of the Host University.**

Dean/Deputy Dean/other person responsible for the organisation of the higher education institution:

**Place:**

**Date**

*Student's Signature:*

*Place:*

*Date:*