



## Students Mobility Courses Equivalence Form

### Personal Information:

Student's Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Faculty (College): \_\_\_\_\_

Program: \_\_\_\_\_

Study Year: \_\_\_\_\_

Host University/Country \_\_\_\_\_

### Proposed Study Program abroad:

Host University			Home University		
Course No.	Course Name	ECTS	Course No.	Course Name	AQU credit Hours

### Approval:

	Name	Signature	Date
Student			
Academic Coordinator			
Dean			
Vice President for Academic Affairs			