

### THE STUDENT

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

### THE INSTITUTIONS

Sending institution:	Receiving institution : <b>Efrei Paris</b>
Country :	Country : <b>FRANCE</b>
Erasmus code (if applicable):	Erasmus code : <b>FPARIS 066</b>
Institutional coordinator:	Efrei Paris International Advisor:
Email address:	Email:
Tel:	Tel:

### 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 :** \_\_\_\_\_

**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: \_\_\_\_\_