

**ERASMUS+ KA1
EUROPEAN UNIVERSITY CYPRUS - CY NICOSIA24**

STUDENT ADVISORY FORM FOR STUDIES

Student's Name	
Registration Number	
Program of Study	
GPA	
Year of Study	
Academic Advisor's Name	
Host Institution	

EUC Courses			Host Institution Courses		
Course Code	Course Name	ECTS	Course Code	Course Name	ECTS
TOTAL ECTS			TOTAL ECTS		

I hereby confirm that the above student has my approval to register for the above courses during his/her Erasmus mobility. The selected courses are equivalent and will count towards the award of the degree. I confirm that the total number of ECTS covered at the Host Institution is equal or more than the total number of ECTS transferred to EUC degree.

School Academic Erasmus
Coordinator Signature & Stamp: Date:

Enrollment Department Advisor Signature: Date:

The document should be signed and stamped by the appropriate authority, otherwise it will not be valid.

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STUDENT ADVISORY FORM FOR TRAINEESHIP
Should the traineeship be embedded in the curriculum

Student's Name	
Registration Number	
Program of Study	
GPA	
Required Traineeship Hours	
Student's Academic Advisor & Enrollment Advisor	
Host Organization	

EUC Course			Host Organization
Course Code	Course Name	ECTS	Traineeship Activity

I hereby consent to the participation of the above student to an Erasmus Traineeship Mobility period at the above host organization. I also approve the above parity between the host organization Traineeship Activities field of traineeship and the equivalent course of the student's degree.

Academic School Advisor's Signature & Stamp: Date:

Enrollment Department Advisor Signature: Date:

The document should be signed and stamped by the appropriate authority, otherwise it will not be valid.