# ERASMUS+ KA1

**EUROPEAN UNIVERSITY CYPRUS - CY NICOSIA24**

# STUDENT ADVISORY FORM FOR STUDIES

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| --- | --- |
| **Student’s Name** |  |
| **Registration Number** |  |
| **Program of Study** |  |
| **GPA** |  |
| **Year of Study** |  |
| **Academic Advisor’s Name** |  |
| **Host Institution** |  |

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| --- | --- | --- | --- | --- | --- |
| **EUC Courses** | | | **Host Institution Courses** | | |
| **Course Code** | **Course Name** | **ECTS** | **Course Code** | **Course Name** | **ECTS** |
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| **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: ……………………………………………..

# ERASMUS+ KA1

**EUROPEAN UNIVERSITY CYPRUS - CY NICOSIA24**

# STUDENT ADVISORY FORM FOR TRAINEESHIP

**Should the traineeship be embedded in the curriculum**

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| --- | --- |
| **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: …………………………………..