

LIST OF PROPOSED COURSES AT GUEST INSTITUTION

Name of Applicant: _____

Semester you are applying for: Spring/ fall semester 20_____

Please indicate which courses (seminars, lectures, etc.) you would like to take during your stay at one of the partner institutions. It is recommended to name 4-6 courses per semester.*

Preference #1: _____ (name of guest institution)

Course Number	Course Title	Credits (ECTS or other)

Preference #2: _____ (name of guest institution)

Course Number	Course Title	Credits (ECTS or other)

Preference #3: _____ (name of guest institution)

Course Number	Course Title	Credits (ECTS or other)

*This is a tentative list and not binding regarding the courses you will actually take at the guest institution.