 **EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM(ECTS) RECOGNITION SHEET**

**BAHCESEHIR UNIVERSITY**

**(This form will be used for any student going to abroad education)**

|  |  |
| --- | --- |
| Academic Year |  |
| ID Number |  |
| Student Number |  |
| Student’s Name |  |
| Faculty/ Department & Department |  |
| Partner University  |  |
| Country |  |

During her/his study at Partner University, in the 20...- 20... academic year .............semester, Student will attend the following courses which are tabulated on the Host University column:

|  |  |  |
| --- | --- | --- |
|  | **Host University** | **Home University** |
|  | **Course Code** | **Title of the Courses student will take in the host University during her/his stay** | **Credits** | **Course Code** | **Title of the** **Courses in the home University which correspondent to the courses will be taken in the host University**  | **Credits** |
| **T** | **P** | **C** | **ECTS** | **T** | **P** | **C** | **ECTS** |
| **Selected Courses from Host University. If these courses offered and program suitable , the student must take them.** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |
| **Extra courses if above courses are not offered**  |  |  |  |  |  |  |  |  |  |  |  |  |
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T: Weekly Theoretical hours of the course, P: Weekly Practical/laboratory hours of the course, C:Local Credit of the course, ECTS: European Credit Transfer Systems credit

**Note:**

1. All students going (abroad) within the scope of the Exchange Program (Erasmus/ World Exchange) are required to fill in this form.
2. The eligibility of ECTS and local credits need to be taken into account when applying for a course.   The system assigns additional slots for exemption from a course, if the credits taken are not sufficient.

**We confirm that this proposed program of study is approved.**

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| --- | --- | --- |
| Student’s **Name**, **Signature**and **Date**……………………. | Faculty Erasmus Coordinator’s **Name**, **Signature** and **Date**…………………………………………………… | Department/Program Head's **Name**, **Signature** and **Date**…………………………………………………… |

Learning Agreement Form