



## BAHCESEHIR UNIVERSITY – BAY ATLANTIC UNIVERISTY STUDY ABROAD COURSE AGREEMENT FORM

Academic Year	
ID Number	
Student Number	
Student's Name	
Faculty/ Department & Department	

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					
			Credits			s		Title of the	Credits			
	Course Code	Title of the Courses student will take in the host University during her/his stay	т	Р	С	E C T S	Course Code	Courses in the home University which correspondent to the courses will be taken in the host University	Т	Р	С	E C T S
Selected Courses from Host University. If these courses offered and program suitable , the student must take them.												
	TOTAL											
Extra courses if above courses are not offered												

We confirm that this proposed program of study is approved.

Student's Name, Signature and Date	Departmental Head at Home University Name, Signature and Date	Faculty Coordinator at Home University Head's <b>Name</b> , <b>Signature</b> and <b>Date</b>				
Departmental Head at Ho <b>Name</b> , <b>Signature</b> an	•	Faculty Coordinator at Host University Name, Signature and Date				

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