ERASMUS+ STUDENT MOBILITY COURSE CREDIT TRANSFER



FOR ACADEM	/IIC YEAR						
Name of st	udent:						
Sending in	stitution:	WARSAW U	NIVERS	ITY O	F TEC	HNOLOGY	,
Faculty of:	Electronic	cs and Information T	echnology				
Hosting institution		Country	Country Pe from		ly o	Duration of stay (months)	N° of expected ECTS credits
		LS OF THE STUD OURSE CREDIT					
Course unit code (if any)	Course unit title (if the course is not taught in Eglish, then provide title both in the local language and in English)			lan-gu- ber of eCTS credits		Course unit classification according to programme classes or analogous course identification	
		if necessary, continue	e the list on a	separate sh	eet		
Student	's signature			Date:			
l .		OF THE PROPOS			REDIT	TRANSFER	
Having	earned credits listed at	pove the student will sa	atisfy registi	ration req	uiremen	ts in the succes	sive semester
Faculty Coordin	nator's signature		Dean's signature				
Data			Data				