



APPLICATION FOR ECTS ACCREDITATION

Student Code: _____

Student number: _____

The

undersigned _____

born in _____ (prov. _____) on _____

living in _____ (prov. _____) address _____

Post Code _____ Phone _____ Mobile _____

e-mail _____ citizenship _____

Tax Code _____

with the following Qualification _____

enrolled to the _____ year of the Study Course _____

of the Department _____

at the University _____

ASKS

the Scientific Technical Committee to evaluate the learning activities listed in the following pages for the ECTS accreditation supporting a:

- Transfer application from/to another University/Institute;
- New enrollment application to the Linguistic Mediation Degree Course;
- Application for the enrollment to the 2nd/3rd year of the Linguistic Mediation Degree Course