



BILATERAL AGREEMENTS OF COOPERATION
STUDENT EXCHANGES

DETAILS OF THE PROPOSED STUDY PROGRAMME

ACADEMIC YEAR: 200.. /200.. FIELD OF STUDY:

Name of Student:
Sending Institution: Country:

Receiving Institution: Country:

Course unit code (if any) and page no. of the Information package	Course unit code/ University of Cyprus*	Course unit title (as indicated in the information package)	Number of credits

*for University of Cyprus

if necessary, continue this list on a separate sheet

Student's signature:	Date:
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SENDING INSTITUTION	
We confirm that this proposed programme of study is approved.	
Head of Department signature	International Relations office signature
.....
Date:	Date:

RECEIVING INSTITUTION
We confirm that this proposed programme of study is approved.

Head of Department signature	International Relations office signature
.....
Date:	Date:

