

Selection of Courses Incoming exchange students

Name of student:	Date of birth, YY/MM/DD:
Sending university and department:	ERASMUS-code (for programmes with in EU only) :
Receiving department at Malmö University:	Semester and year:

AUTUMN SEMESTER _____

Course code	Course title	ECTS-credits

Note: Full-time study corresponds to 30 ECTS credits per semester

SPRING SEMESTER _____

Course code	Course title	ECTS-credits

Note: Full-time study corresponds to 30 ECTS credits per semester

CHANGES

Student's signature: _____	Date: _____
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SENDING INSTITUTION	
<i>We confirm that we have agreed upon the proposed study programme.</i>	
Departmental co-ordinator's signature: _____	
Date: _____	Stamp: _____