FIELD of STUDY:

Student’s Name:

Sending Institution: BOZOK UNIVERSITY  Country: TURKEY

DETAILS of the PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

<table>
<thead>
<tr>
<th>Course Unit Code</th>
<th>Title of the Unit Course</th>
<th>ECTS Credits</th>
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TOTAL

DECLARATION:
The statements made in this application form are correct and complete.

Signature of the Student: ____________________________  Signature of Head of the Department: ____________________________

Date: ____________________________  Date: ____________________________

HOME INSTITUTION:
We confirm that this proposed learning agreement is approved.

Signature of the Departmental Coordinator: ____________________________  Signature of the Institutional Coordinator: ____________________________

Date: ____________________________  Date: ____________________________

After completed by the student and signed by the home institutional and local coordinators, this application form must be sent to the institutional coordinator at the host institution.

HOST INSTITUTION:
We confirm that this proposed learning agreement is approved.

Signature of the Departmental Coordinator: ____________________________  Signature of the Institutional Director: ____________________________

Date: ____________________________  Date: ____________________________
Student’s Name:

Sending Institution: BOZOK UNIVERSITY Country: TURKEY

CHANGES to ORIGINAL PROPOSED LEARNING AGREEMENT:
To be filled in only if appropriate.

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<th>Course Unit to be Added</th>
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DECLARATION:

Signature of the Student:  
Date:  
Signature of the Departmental Coordinator:  
Date:  

HOME INSTITUTION:

Signature of the Departmental Coordinator:  
Date:  
Signature of the Institutional Director:  
Date:  

HOST INSTITUTION:

Signature of the Departmental Coordinator:  
Date:  
Signature of the Institutional Director:  
Date:  