

FORM
Approval courses abroad

Applicant data:

Studentnumber:

First name(s) and last name:

Programme:

Period abroad:

Academic year 20.. /20..

- Semester 1
 - Semester 2
 - Whole academic year
-

University abroad and course selection:

Name university abroad:

Country:

Name course and course code	Amount of local credits

Date:

Approval Exam committee:

Date:

Signature:

Stamp:

You can send this form to: Examencommissie.fsw@uu.nl

Attention: This form will only be taken into consideration in combination with (a link) to the course description of the course(s).