

To: The Registrar _____ Date _____

From: NDU Office Of International Relations (OIR) _____

The following student has permission to take the indicated courses at the host university and be given the indicated credit at NDU, upon the approval of the concerned units signing below at NDU:

ID # _____ Name _____
First name Father's name Family name

Faculty _____ Major _____ Phone _____

Exchange for Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

Host University _____

Host univ. scoring system (ects, us-credit, ...) _____

Student ☐ Does ☐ Doesn't Pay NDU Tuition and Fees.

COURSES TAKEN AT HOST UNIVERSITY

COURSE N°	TITLE	CRS.

COURSES SUBSTITUTED AT NDU

COURSE N°	TITLE	CRS.	*
			E
			E
			E
			E
			E
			E

* (E) is for exchange

Approved by the Academic Advisor: Signature _____ Date _____

Approved by the Student: Signature _____ Date _____

Approved by the Department Chair: Signature _____ Date _____

Approved by the Dean: Signature _____ Date _____

Approved by the Office of the Registrar: Signature _____ Date _____

Approved by the Business Office: Signature _____ Date _____

Approved by the OIR: Signature _____ Date _____