Semester 1-2 course List

# Student

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| --- | --- |
| Family name |  |
| First name |  |
| Sending Institution |  |
| Department at sending Institution |  |
| Dept. International Affairs Coord. |  |
| Receiving department at UGA | UFR de Chimie et Biologie |
|  |  |

# Course list

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| Course Code  (ex YAM8BU10) | Course title\* | Semester  Fall/Spring | Credits  (ECTS) |
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\*Please specify department in addition if course is hosted outside of UFR Chimie-Biologie or DLST

I, the student whose name is above, understand that this is the temporary course list in which I register for the requested semester(s) as an exchange student. This course list is submitted to modifications according to host university constrains.

Date: Student signature: Coordinator signature: