ERASMUS PROGRAM

Study program for the period at SUPSI

1. General data of the guest student

Name and surname: ……...

Date of birth: ....

Gender: ☐ male ☐ female

Home country: ....

Address in Switzerland: Via ....

Postal Code .... Town/city ....

E-mail: ....

Home University: ....

Address: ....

....

Faculty/Department: ....

3. Equivalence between Home University courses and SUPSI courses

Home University courses to be substituted		Courses chosen at SUPSI	
Course name	ECTS assigned	Course name	ECTS assigned

The SUPSI director of studies approves the study program described above.

Name:_____   Surname: _____

Place and date: _____   Signature: _____

**A copy of this form, compiled and signed, must be
forwarded to the SUPSI Languages and Mobility Service**