|  |  |
| --- | --- |
| *Name(s) and surname(s)*: | *Date of birth:* |
| E-mail: | *Study programme*: | *Year of study*: |

***Request for courses recognition and for modification of study plan due to the ERASMUS+ Study Stay***

*I hereby request courses recognition and modification of my study plan due to the Erasmus+ stay at …………………………. ………………………………………………………………………… from ………………..……… till …………….………... (exact dates).*

**INTRUCTIONS:** The whole form must be completed on a computer and then printed out.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Tab. 1: The following courses studied abroad will replace the relevant courses of my study plan at the FTA:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course name at the receiving institution: | ECTS: | Code and name of the equivalent course at the CZU/FTA | ECTS: | Course / programme guarantor’s decision  | Name and signature of the signatory: |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
| **TOTAL ECTS:** |  | **TOTAL ECTS:** |  |  |  |

*Tab.2: I undertake to complete the following courses according to my study plan after returning from abroad:*

|  |  |
| --- | --- |
|  Course name: | How do I plan to complete the course:  |
|  |   |
|  |   |
|  |   |
|  |   |

*I hereby request for* ***Individual study plan****:* YES [ ]  / NO [ ]  |
| *Date*:  | *Signature*:  |

*Decision of the FTA's International Relations Office:* *Date and signature:*

|  |  |
| --- | --- |
|  |  |

*Decision of Dean/Vice-dean for Education and Quality regarding the ISP:* *Date and signature:*

|  |  |
| --- | --- |
|  |  |

Will be filled by the Study Administration Office:

Č.j. …………………………………………………

Přijato: …………………………………………….

Řízení přerušeno: ………………………………..

Řízení obnoveno: ………………………………..

Řízení ukončeno: ………………………………..

Odvolání? ANO ……………………………. – NE

Výsledek odvolání: ………………………………