



**MEDICAL UNIVERSITY OF SILESIA**  
**ERASMUS+ PROGRAMME ECTS**  
**RECOGNITION CONFIRMATION**

Academic year 20..../20.... semester: .....

Name:	Field of study:
Partner Institution / Erasmus code:	Country:

**PROPOSED STUDY PROGRAM DURING THE MOBILITY**

(courses to be completed in host institution in the academic year .....)

Course code	Courses in host institution	ECTS points	Name of the courses in home institution	ECTS points
	<b>TOTAL:</b>		<b>TOTAL:</b>	

**COURSES TO BE COMPLETED IN MEDICAL UNIVERSITY OF SILESIA**

The below mentioned courses, if completed after the mobility period mean that the student completes the academic year.

Course code	Course	ECTS points	Additional notes
	<b>TOTAL:</b>		

Student's Name  ..... Signature:  Date:	Faculty Coordinator's signature  .....  Date:
      Date:	      Dean signature