

|  |
| --- |
| **ERASMUS+ STUDY PLAN** |
| **ERASMUS+ International Credit Mobility Grant for Study** |

**PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | |
| CEU Department: | | |
| Email: | | |
| Study Level: graduate (Master)    doctoral (PhD) | | 6-digit CEU ID card nr.: |

RECEIVING INSTITUTION

|  |  |  |
| --- | --- | --- |
| Name of host institution: | | |
| Unit/Department/Faculty: | | |
| Area of Study: | | |
| Proposed period abroad: From:   /  / | To:   /  / | Duration in months: |

PROPOSED STUDY PROGRAM

|  |  |  |
| --- | --- | --- |
| Course code | Course title | ECTS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

SIGNATURES

|  |  |
| --- | --- |
| Name of the applicant:  Date:   /  / | Signature |
| Name of supervisor at CEU:  Date:   /  / | Signature |