

# GAU MOLDOVA – STUDY ABROAD

## COURSE APPROVAL FORM



**2 weeks program: 30 January – 11 February 2017**

**DEPARTMENT:** \_\_\_\_\_

Student Name: \_\_\_\_\_

1st Year

2nd Year

Student No: \_\_\_\_\_

3rd Year

4th Year

Student Email: \_\_\_\_\_

Student's phone number: \_\_\_\_\_

Student's signature: \_\_\_\_\_

	Course Code	Course Title	Another Course Code
1			
2			

	ALTERNATIVE COURSES		
1			
2			

Additional comments: \_\_\_\_\_

**Student's Academic Advisor:**

**Director of the Admissions & Registrar**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please submit the form to International Campuses Office (Rectorate building, ground floor)**