

Office of International Relations

## Approval of additional courses with restricted admission

ACADEMIC YEAR 20..../20....

## **FIELD OF STUDY:**

Name of student:			
Home institution:			
Country:			
Course unit code	Course unit title (as indicated on the web)	Signature of faculty or dept.	Date of approval
· · · · · · · · · · · · · · · · · · ·			
Student's signature:			
		Date:	