|  |  |  |
| --- | --- | --- |
| *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.

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| *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: | When do I plan to complete the course: | |  | Winter semester 20…/20…  Summer semester 20…/20… | |  | Winter semester 20…/20…  Summer semester 20…/20… | |  | Winter semester 20…/20…  Summer semester 20…/20… | |  | Winter semester 20…/20…  Summer semester 20…/20… |   *I hereby request for* ***Individual study plan****:* YES  / NO | |
| *Date*: | *Signature*: |

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

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

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Will be filled by the Study Administration Office:

Č.j. …………………………………………………

Přijato: …………………………………………….

Řízení přerušeno: ………………………………..

Řízení obnoveno: ………………………………..

Řízení ukončeno: ………………………………..

Odvolání? ANO ……………………………. – NE

Výsledek odvolání: ………………………………