**OSTİM TECHNICAL UNIVERSITY**

**ECTS – EUROPEAN CREDIT TRANSFER SYSTEM
INITIAL COURSE RECOGNITION FORM**

**ACADEMIC YEAR : 20../20..**

**SEMESTER : SPRING** ☐ **FALL** ☐

| **Student Name:****Student ID : Year:**  | **Faculty / Vocational School / Institute:****Department / Program:** |
| --- | --- |
| **Receiving Institution Name and Erasmus Code:** | **Country :**  |

| **COURSES TAKEN AT THE RECEIVING INSTITUTION:**The courses taken during the mobility period at the partner university in the stated semester: | **EQUIVALENT COURSES AT OSTIM TECHNICAL UNIVERSITY:**Upon successful completion, the above-mentioned courses are recognized as equivalent to the following courses at Ostim Technical University: |
| --- | --- |
| **Course Code** | **Course Title** | **ECTS Credits** | **Grade** | **Course Code** | **Course Title** | **ECTS Credits** |  **Grade** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TOTAL**  | **TOTAL**  |

**Faculty Erasmus Coordinator**

Name Surname :

Date :

Signature :

**Department Erasmus Coordinator**

 Name Surname :

 Date :

 Signature :

*Note: This form must be filled in digitally. It must be prepared in 3 copies (Erasmus Office, Student Affairs, and Student Copy).*