

ERASMUS+ KA1

PEDAGO [INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS; INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS DO DOURO] – P LISBOA 97

ENROLLMENT DEPARTMENT CONSENT FORM

Academic Year 20..../20.....

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		ID Number	
Year of Study before mobility		Program of Study	
Registration Number		Semester Abroad	
E-mail		Phone	

The Receiving Organization

Name	
Department	
Country	
Hours to be attended at Receiving Organization	

For official use only

The Enrollment Department - Student's Current Academic Status

Advisor's Name			
Student's GPA		Current ECTS	
Earned ECTS		Statement of Accounts	
Comments			

Advisor's Signature: Date:

Director's Signature: Date: