1. **Name of the student:**
   Department:
   **Name of the host university and the Department:**

2. **Name and Email ID of the contact faculty member at host university:**
   **Date of Birth:**
   **Roll No.:**
   **Gender (M/F):**
   **Semester:**

3. **Proposed semester to study at the host University:**
   **Email:**
   **Phone(Mobile):**

### Course Details

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</table>

Note: If necessary, continue the list on a separate sheet

**Total:**

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(Student’s Signature)  (HoD Signature)  (Supervisor’s Signature)

**Home University**  **Home University**  **Home University**

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**Host University Office**

We confirm that the proposed courses mentioned above are approved and all credits can transfer back in the student's course of study at the home university.

(Signature)  (Signature)  (Signature)
Department HoD  Designation  Designation
with seal pl.  with seal pl  with seal pl.

**Host University**  **Host University**  **Host University**