

AN EXCHANGE VISIT TO THE UNIVERSITY OF LAUSANNE

Home University:

1. Length of stay at UNIL:

Academic year:	or semester:
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2. Personal details:

Surname:	Nationality:
First name:	E-mail address:
Date of birth:	
Name and address of a person who can be contacted in case of emergency:	
Telephone number:	E-mail address:

3. Details of University Studies:

	Subjects	Year of studies	Title of Diploma(s)/degree(s) to be obtained
Current University studies at home institution			

4. Languages:

Mother tongue:		
Foreign Languages	Number of years studied	Level (A0 - C2) European references scale
French		
English		

STUDY PLAN

Academic Year 202 -202 - Main field of study at UNIL:

Student's name:
Home Institution:
Country:

Description of study programme at the University of Lausanne

Proposed study programme:	Bachelor Level	Master's Level Bologna
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Title of course	Level of course		Teaching Language		Semester		Number of ECTS credits
	Bachelor	Master's	French	English	Fall	Spring	

Use additional page(s) if necessary

Student's signature:	Date:
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Home University / Institution

We confirm that this study programme/contract has been duly approved	
Signature of home university coordinator/faculty:	Date: