

Course Equivalency Form

Name:	ID Number:
Email Address:	Mobile Number:
Major:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Years Spent at AUB Mediterraneo:	Semester:
Host University Name:	Type: <input type="checkbox"/> Exchange <input type="checkbox"/> Erasmus+ <input type="checkbox"/> Study Abroad <input type="checkbox"/> AUB Residency Requirement

Course Category (Major/Elective)	Course Name, Description & Number of Credits at the Host University	Equivalency of the Course & Number of Credits at AUB Mediterraneo	Signature of the relevant Dean

Student Signature:

Date: