Section to be completed BEFORE THE MOBILITY

Planned period of the mobility: from ***[month/year]*** …9/2015… till ***[month/year]*** …1/2016…

Table A: Study Programme at the Receiving Institution

Component code (if any)	**Component[11] title at the Receiving Institution** (as indicated in the course catalogue[12])	**Semester** (e.g. autumn/ spring; term)	**ECTS[13] credits**
IE123	International Economics	autumn	6
BN123	Business Negotiation	autumn	6
LG123	Global Supply Chain Management	autumn	6
MN123	Integrated Marketing Communication	autumn	6
LG241	Retailing Channels	autumn	6
			Total: 30

Table B: Recognition at the Sending Institution[10]

Component code (if any)	**Component title at the Sending Institution** (as indicated in the course catalogue)	**Semester** (e.g. autumn/ spring; term)	**ECTS[14] credits**	**Component's responsible person[15]** (if any)
Student magisterského studia, který má 21 volných kreditů ve skupině fVM:				
2SE405	International Economics II	autumn	3	podpis garanta
fVM	Faculty Electives	autumn	21	
cVM	General Electives	autumn	6	
Stejný případ, ale garant s uznáním předmětu nesouhlasí:				
fVM	Faculty Electives	autumn	21	
cVM	General Electives	autumn	9	
Student bakalářského studia, 12 volných kreditů ve fVB a 6 v cVB:				
fVB	Faculty Electives	autumn	12	
cVB	General Electives	autumn	18	
Další možnosti pro uznání (příklady):				
2SE501	Economic Geography of Europe	autumn	6	podpis garanta předmětu nebo VS
sV	Minor Specialization Electives	autumn	6	podpis garanta VS
oP	2SE221	autumn	7	podpis garanta
oJV	Elective Language	autumn	3	
			Total: 30	Součet v tabulce A a B musí odpovídat.

Web link to the course catalogue at the Receiving Institution describing the learning outcomes:

http://XXXxxx/yyy/

Provisions applying if the student does not complete successfully some educational components:

http://ozs.vse.cz/pro-studenty/vymenny-pobyt-v-zahranici/vraceni-stipendia/

The student
Student's signature

Date:

The Sending Institution
Responsible person's signature

Date:

The Receiving Institution
Responsible person's signature

Date: