



**ERASMUS+ KA1**  
**ADVISOR FORM FOR STUDENT MOBILITY**  
**Academic Year: 20..... – 20....**

Surname: .....  
Name: .....  
Student ID: .....  
Program of Study: .....  
Study Cycle: Bachelor ☐ Master ☐ PhD ☐ )  
Year of Study: .....  
Faculty Representative Name: .....  
Host University: .....

Courses at AUCY			Courses at Host Institution		
Course Code	Course Name	ECTS	Course Code	Course Name	ECTS
TOTAL ECTS			TOTAL ECTS		

I hereby confirm that I approve the above student to register for the courses listed above during his/her Erasmus mobility. The total number of ECTS gained at the host institution will count towards the award of the degree.

Faculty Representative Signature: ..... Date: .....

Registrar's Office Signature: ..... Date: .....