

## Exchange Program Enrollment Confirmation

Chinese Name		English Name		
Major and Year		Student ID		
Host Institution and Faculty				
Study Period	__ __ (Month) __ __ (Year) ~ __ __ (Month) __ __ (Year)			
Address Overseas			Telephone	
			email	
Final Learning Agreement	Course code	Course title	Year of study in receiving Institution	Credits
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
TOTAL number of credits/courses/study hours : _____				
RECEIVING INSTITUTION or DEPARTMENT				
We confirm that this proposed program of study /learning agreement is approved.				
Coordinator's signature (stamp) of Host Institution		Coordinator's signature (stamp) of Host Institution		
Name: _____ Date: _____		Name: _____ Date: _____		

Student's signature : \_\_\_\_\_ Date : \_\_\_\_\_