**REQUEST FOR REGISTRATION TO ONE COURSE OUTSIDE THE INSTITUTE**

**OR**

**TO A COURSE EXTERNAL TO THE CURRICULUM**

*Please refer to the Academic Regulations and Implementation Guidelines.*

Study programmes:

ANSO IL IE

ECD IH IR/PS

Last name, First name(s): Click here to enter text.

File number: Click here to enter text. Semester: Click here to enter text.

**STEP 1 Request for 1 course (6 ECTS) external to the Institute**

Name of the University: Click here to enter text.

Faculty: Click here to enter text.

Name of professor: Click here to enter text.

Course title: Click here to enter text.

ECTS: Click here to enter text.

**Signature of professor indicating prior agreement:** ……………………………………………………..

**Or**

**STEP 1 Request for 1 course (6 ECTS) external to the curriculum**

Code: Click here to enter text. Name of professor: Click here to enter text.

Course title: Click here to enter text.

ECTS: Click here to enter text.

**Signature of professor indicating prior agreement:** …………………………………………………………

**STEP 2** Enclose your letter of motivation and syllabus

**STEP 3** If you have already enrolled for 1 course and would like to cancel your registration in the event that the present request is accepted, please indicate this:

Code: Click here to enter text. Name of professor: Click here to enter text.

Course title: Click here to enter text.

ECTS: Click here to enter text.

***This form, duly completed, must be sent by email to the PhD secretariat no later than 27 September (subject to change)***

**Administration use only**

Decision and signature of the Direction of Studies:……...…………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………