

## TRANSFER OF EXCHANGE CREDITS

20\_\_ / 20\_\_

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Masters in: Economics ☐

Management ☐

Finance ☐

Name of Host School: \_\_\_\_\_

Exchange Program in: 1st Semester ☐

2nd Semester ☐

Academic Coordinator of the Exchange Program at NOVA SBE: Prof. João Pereira

#	Course Creditation request	Optional	Outside Masters Area	Office use only	
	Course Attended (in Host School)	Area of Expertise (name of the AE)	Extracurricular (check if applicable)	ECTS Credits	Grade 0/20
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<p>Date: ____/____/____</p> <p>Student Signature:</p> <p>_____</p>	<p><b>Approved by the Academic Coordinator of the Exchange Program at NOVA SBE.</b></p> <p>Date: ____/____/____</p> <p>ACEP's Signature:</p> <p>_____</p>
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