



ERASMUS+/KA1  
Mobility project for higher education students

Academic Year: . . . . .  
Supervisor's Report

1. Name of Student: . . . . .

2. Home Institution: UNIVERISTY OF MACEDONIA

ERASMUS institution code: GTHESSAL02

3. Host Institution: . . . . .

ERASMUS institution code: . . . . .

4. School and/or Department: . . . . .

5. Supervisor's Name and Position: . . . . .

. . . . .

6. Level of study:      Undergraduate                      Postgraduate                      Doctoral

7. Has the student taken any examinations?              Yes              No

8. Length of study period abroad: from (dd/mm/yy) . . . . . to (dd/mm/yy) . . . . .

9. Language(s) of instruction in host institution: . . . . .

10. Total number of ECTS credits awarded: . . . . .

Signature . . . . . Date . . . . .

Stamp of the Host Institution

***We thank you for your cooperation.***