## UNIVERSITY OF LATVIA

***ERASMUS+ MOBILITY FOR STUDIES 20.../20...***

**Student’s mid-term report\***

**Surname:**  ……………………………….. **Name:** …………………………………...........

Faculty at the UL:……………………………………………………………………………….......

Current e-mail address: ………………………………………………..............................................

Host University: …………………………………………………………………………….............

Faculty / Department: .......................................................................................................................

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Start and end dates of the study mobility period:

**from** ............................................... 20... **till** .............................................. 20....

Host university’s Erasmus+ coordinator’s name, surname, e-mail address:

……………………............................................................................................................................

Number of chosen courses at the host university: ............................................................................

The expected amount of ECTS gained at the host university:...........................................................

Have you made changes in your Learning Agreement and completed the necessary formalities?: YesNo

Have you faced serious problems during your study period abroad?: YesNo

If yes, please, clarify:

With my signature I verify that the given information is authentic and I undertake to fulfil all obligations with regard to Erasmus+ mobility programme.

………………. ……………………………………

 (Date) (Student’s signature)

\* The mid-term report should be filled in computer. Printed and signed it should be scanned as a PDF file and sent to marta.vilkausa@lu.lv