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| Holder of the document |
|  |
|  1 SURNAME(S) \* |  2 FIRST NAME(S) \* |  3 ADDRESS |
| Replace with text | Replace with text | Replace with textReplace with textReplace with text |
|  4 DATE OF BIRTH |  5 NATIONALITY |
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 |  Replace with text |
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| Issuing organisation |
|  |
|  6 NAME OF THE ORGANISATION \* |  7 DOCUMENT NUMBER \* |  8 ISSUING DATE \* |
| Katolicki Uniwersytet Lubelski Jana Pawła II  | - |

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|  |
| Sending partner |
|  |
|  9 NAME AND ADDRESS \* |  10 STAMP AND/OR SIGNATURE |
| Katolicki Uniwersytet Lubelski Jana Pawła II Al. Racławickie 14 20-950 Lublin Poland |

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 |
|  11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR \* |  12 TELEPHONE |
| Moroniak Maria | - |
|  13 TITLE/POSITION |  |  14 E-MAIL |
| Koordynator Uczelniany Programu Erasmus+ | erasmus@kul.pl |
|  |  |  |
| Host partner |
|  |
|  15 NAME AND ADDRESS \* |  16 STAMP AND/OR SIGNATURE |
| Replace with textReplace with textReplace with textReplace with text |

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 |
|  17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR \* |  18 TELEPHONE |
| Replace with text |  | Replace with text |
|  19 TITLE/POSITION |  |  20 E-MAIL |
| Replace with text |  | Replace with text |
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| Description of the mobility experience |
|  |
|  21 OBJECTIVE OF THE MOBILITY EXPERIENCE \* |
| Replace with text |
|  22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED |
| Replace with text |
|  23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED |
| Replace with text |
|  DURATION OF THE EUROPASS MOBILITY EXPERIENCE |
|  24 FROM \* |

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| 09 |  | 09 |  | 2000 |
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 |
| Skills acquired during the mobility experience |
|  |
|  26A ACTIVITIES/TASKS CARRIED OUT \* |
| Replace with text. |
|  27A JOB-RELATED SKILLS  |
| Replace with text |
|  28A LANGUAGE SKILLS  |
| Replace with text |
|  29A COMPUTER SKILLS  |
| Replace with text |
|  30A ORGANISATIONAL / MANAGERIAL SKILLS |
| Replace with text |
|  31A COMMUNICATION SKILLS  |
| Replace with text |
|  32A OTHER SKILLS |
| Replace with text |
|  33A DATE \*  |  34A SIGNATURE OF THE REFERENCE  PERSON/MENTOR \* |  35A SIGNATURE OF THE HOLDER |
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| Record of courses completed and individual grades / marks / credits obtained |
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|  26B STUDENT MATRICULATION NUMBER \* | Replace with text |
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| 27BCOURSE UNIT CODE [[1]](#footnote-1) | 28BTITLE OF THE COURSE UNIT \* | 29BDURATION [[2]](#footnote-2) \* | 30BLOCAL GRADE [[3]](#footnote-3) \* | 31BECTS/ECVETGRADE | 32BECTS/ECVETCREDITS [[4]](#footnote-4) |
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 |
| Add or remove lines if required. |
|  33B ESSAY/REPORT/DISSERTATION |
| Replace with text |
|  34B CERTIFICATE/DIPLOMA/DEGREE AWARDED, if any |
| Replace with text |
|  35B SURNAME(S) AND FIRST NAME(S) OF MENTOR/ADMINISTRATION OFFICER \* |  36B SIGNATURE OF THE HOLDER |
| Replace with text |

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 |
|  37B DATE OF VALIDATION \* |
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 |
|  38B NAME AND ADDRESS OF THE INSTITUTION \* |  39B STAMP AND/OR SIGNATURE |
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1. COURSE UNIT CODE: Refer to the ECTS information Package provided on the website of the host institution [↑](#footnote-ref-1)
2. DURATION OF COURSE UNIT: Y = 1 full academic year | 1S = 1 semester | 2S = 2 semesters | 1T = 1 term/trimester | 2T = 2 terms/trimesters [↑](#footnote-ref-2)
3. DESCRIPTION OF THE INSTITUTIONAL GRADING SYSTEM: [↑](#footnote-ref-3)
4. ECTS CREDITS: 1 full academic year = 60 credits | 1 semester = 30 credits | 1 term/trimester = 20 credits [↑](#footnote-ref-4)