Appendix 1

To the Rector of the Georgian Technical University,

Mr. David Gurgenidze

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Full name of the university from which the mobility applicant is transferring

transferring

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Name, Surname

Student’s

P/N of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**S T A T E M E N T**

As a result of registering on the electronic portal of persons wishing to apply for mobility of the LEPL - Education Management Information System, I have obtained the right to mobility at the LEPL - Georgian Technical University.

Please, based on the submitted documentation, consider the issue of compatibility of the training courses I have completed with the Georgian Technical University

Faculy

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Name of the educational program

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Name of the Faculty

Determine the appropriate academic year based on the Bachelor’s/Master’s/Doctoral degree program and recognized credits.

Applicant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application submission date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_