

**CENTRE FOR ACADEMIC COURSES
ANNA UNIVERSITY, CHENNAI – 600 025.**

DETAILS TO BE SUBMITTED AFTER RETURN FOREIGN EXCHANGE PROGRAMME

Name	
Roll No / Register Number	
Degree Programme	
Department / Campus	
Completed Semester	
Name of the Foreign University	
Address	
Mobile Number / E-mail ID	

The Following should be enclosed

- I. Mark Sheet (Foreign University)
- II. Approval of the Department
(Copy of the Minutes of the Meeting)
- III. Learning Agreement (Credit Equivalence)

Recommended and Forwarded

**Signature (with date)
Exchange Programme Coordinator, AU**

**Signature of HOD
(with date)**

**Signature (with date)
Faculty Chairman Concerned**