



## STUDY PLAN AND EXAM REGISTRATION FOR MOBILITY STUDENTS

Name: ..... First name: .....

Immatriculation N° : ..... Length of stay:  1 semester  2 semesters

SECTION :  Maths  Info  Physique  Astro  Chimie  Biochimie  Biologie  
 Sc. de l'environnement  Sc. de la Terre  Archéo  Pharmacie

### Courses and exams – Fall semester

Course N°	Course title	Instructors	ECTS	Evaluation (written, oral, conti-nuous evaluation, certificate, etc.)
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### Courses and exams – Annual and Spring semester

Course N°	Course title	Instructors	ECTS	Evaluation (written, oral, conti-nuous evaluation, certificate, etc.)
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\* Please tick in order to register for the exam during the exam session.  
To register for **the session of august/september**, please contact us.

Date : ..... Signature of the student : .....

Signature the UNIGE supervisor : .....