

Date: _____

To,
The Dean,
School of Business/ Design/ Engineering & Technology/ Law/ Liberal Arts & Sciences /
Pharmacy
Mody University of Science and Technology,
Lakshmangarh, Sikar
Rajasthan- 332311, India

Respected _____,

I would like to apply for the Student Exchange Program under the MoU between Mody University of Science and Technology, Lakshmangarh and

(Name of the partner university), for the duration of 1 or 2 semester(s), starting from _____.

I am currently in the _____ semester, of _____ year of my study at the School of Business/ Design/ Engineering and Technology/ Law/ Liberal Arts and Sciences /Pharmacy at MUST for the _____ degree program. My CGPA is _____.

A copy of my transcripts, is attached herewith for your reference.

I am appending a list of courses that I have selected at (the partner) university to match the courses equivalent to courses of the _____ degree program courses during _____ these semesters.

Courses at SOB/ SOD/ SET/ SOL/ SLAS/ SOP (Use additional pages if needed)	Courses identified at (partner university) * (Use additional pages if needed)

* [If going for project work (also) – Attach Project Plan (also)]

I request you to kindly approve the above course matching/ project plan and allow me to apply for an Exchange semester(s) at the _____ (partner) university. I also request you to kindly forward your approval to the **Office of International Affairs**, for further processing.

Thanking you,
Sincerely,

(Signature of student)

Name of student:

Email contact:

Enrollment Number:

Phone contact:

P.T.O.....

Through: The Faculty Coordinator,

I recommend the application of _____ for the student exchange program. I approve of the list of courses listed above that the student has chosen to credit during this period.

Prof. _____ : _____ (Signature of
Faculty Coordinator)

Through: HOD, _____ (of the student's department),

The HOD approves the courses proposed by the student and further approves the equivalence of the courses proposed in the above list with the corresponding courses in the School Name) curriculum.

Prof. _____ : _____ (Signature of Head)

Signature of the Dean

Signature of the Pro-President

Signature of the President
