

INTERNATIONAL OFFICE  
**ERASMUS [EUROPE]**  
EXPRESSION OF INTEREST 2014-2015



NUI MAYNOOTH  
Ollscoil na hÉireann Má Nuad

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

NUIM ID: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Degree: **LLM (International Business Law)**

Host University: **Catholic University of Lyon**

Period of Study Abroad: **Semester I of LLM (International Business Law)**

Do you suffer from any medical conditions of which NUI Maynooth should be made aware?

Yes  If yes, please describe:

No

Student's signature: \_\_\_\_\_

LEAD ACADEMIC ADVISOR – The above student has discussed studying abroad with me and I have agreed that they will take the equivalent of **30 ECTS** at the host university.

LEAD ACADEMIC ADVISOR'S SIGNATURE: \_\_\_\_\_

Department: **Law** Date: \_\_\_\_\_

DEPARTMENT STAMP:

***This form must be completed and submitted to the International Office as soon as you have accepted a place on the LLM (International Business Law) programme via PAC***