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| --- |
| Form C - Administrative Data: sending institution |
| Name: |  |
| Faculty/Department: |  |
| Street: |  |
| Postal code: |  |
| City: |  |
| Country: |  |
| Administrative Contact person’s details |
| Title: |  |
| First Name(s): |  |
| Last Name(s): |  |
| Position: |  |
| Email: |  |
| Phone nr: |  |
| Responsible person’s details |
| Title: |  |
| First Name(s): |  |
| Last Name(s): |  |
| Position: |  |
| Email: |  |
| Phone nr: |  |