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<b>TOTAL NUMBER OF CREDITS</b>			

<b>CONFIRMATION HOME INSTITUTION</b>	
We confirm that the proposed programme of study is approved.	
For SoM – Head of Programme. For SoDDPS – Programme Leader	Exchange coordinator
Name: .....	Name: .....
Function: .....	Signature: .....
Signature: .....	Date: .....
Date: .....	

<b>CONFIRMATION HOST INSTITUTION</b>	
We confirm that the proposed programme of study is approved.	
Name: .....	Name: .....
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