STUDY PLAN

ACADEMIC YEAR 2017 - 20181 / 2

STUDENT

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| Name | Department |
| Sending institution:  Country: | |

Receiving institution: **South-Eastern Finland University of Applied Sciences, XAMK**

Country: **Finland**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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| --- | --- | --- |
| Course unit code  (if any) | Course unit title | Number of credit points (ECTS) |
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PLACE, DATE AND STUDENT’S SIGNATURE

Total:

# / 20

SENDING INSTITUTION

**We confirm that the proposed programme of study/learning agreement is approved.**

**PLACE, DATE AND DEPARTMENTAL COORDINATOR’S SIGNATURE**

**/ 20**

**PLACE, DATE AND INSTITUTIONAL COORDINATOR’S SIGNATURE**

**/ 20**

RECEIVING INSTITUTION

**We confirm that this proposed programme of study/learning agreement is approved.**

**PLACE, DATE AND DEPARTMENTAL COORDINATOR’S SIGNATURE**

**/ 20**

**PLACE, DATE AND INSTITUTIONAL COORDINATOR’S SIGNATURE**

**/ 20**



STUDENT

## PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT **CHANGES TO ORGINAL**

Name

Sending institution:

|  |  |  |  |
| --- | --- | --- | --- |
| Course unit code (if any) | Course unit title | Deleted Added | Number of credit points (ECTS) |
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PLACE, DATE AND STUDENT’S SIGNATURE

# / 20

SENDING INSTITUTION

**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.**

**PLACE, DATE AND DEPARTMENTAL COORDINATOR’S SIGNATURE**

**/ 20**

**PLACE, DATE AND INSTITUTIONAL COORDINATOR’S SIGNATURE**

**/ 20**

**RECEIVING INSTITUTION**

**We confirm that this proposed programme of study/learning agreement is approved.**

**PLACE, DATE AND DEPARTMENTAL COORDINATOR’S SIGNATURE**

**/ 20**

**PLACE, DATE AND INSTITUTIONAL COORDINATOR’S SIGNATURE**

**/ 20**