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:

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| --- | --- | --- | --- |
| 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**