

PROPOSED STUDY PLAN FOR EXCHANGE STUDENTS

Name of student:	Email:
Home institution:	
Period of exchange:	Academic year 20...../20.....
☐ Academic year (September - May) ☐ Autumn term (September – December) ☐ Spring term (January – May)	

DETAILS OF THE PROPOSED STUDY PLAN ABROAD

Receiving institution: Aalto University School of _____
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Course code	Course title	ECTS credits	To be completed by Aalto University: Comments of the department
To be completed by Aalto University: Additional information			

If necessary, continue this list on a separate sheet

Student's signature:	Date:
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SENDING INSTITUTION

We confirm that the proposed study plan is approved.

Signature (Professor/study- or exchange coordinator) and date

RECEIVING INSTITUTION **Aalto University**

I confirm that this proposed study plan is approved. See comments above.

Exchange coordinator's signature and date