



STUDY PLAN / LEARNING AGREEMENT

Name of student:

Sending university: (Turku 02) Åbo Akademi University Country: Finland

Name of the receiving university:

Country:

Name of STUDY PROGRAMME or SUBJECT at the receiving University :

PROPOSED STUDY PLAN/LEARNING AGREEMENT

Course code (if any)	Course title	Number of credits
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
	Total:

If necessary, continue this list on a separate sheet

Web link(s) to the course information:

Hur studierna tillgodoräknas vid Åbo Akademi:

Course code (if any)	Course title	Number of credits
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
	Total:	

If necessary, continue this list on a separate sheet

Student's signature

Date:

SENDING UNIVERSITY

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

Academic coordinator's name

Academic coordinator's signature

Date:

RECEIVING UNIVERSITY

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

Academic coordinator's name

Academic coordinator's signature

Date:

Name of student: _____

Sending university: (Turku 02) Åbo Akademi University Country: Finland

CHANGES TO ORIGINAL PROPOSED STUDY PLAN/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course number (if any)	Course name	Deleted course	Added course	Number of credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

Student's signature _____

Date: _____

SENDING UNIVERSITY

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

Academic coordinator's name _____ Academic coordinator's signature _____

Date: _____

RECEIVING UNIVERSITY

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

Academic coordinator's name _____ Academic coordinator's signature _____

Date: _____