


STUDY PLAN/LEARNING AGREEMENT

 Åbo Akademi University	Student's family name:	First name:
	E-mail:	
	Sending University:	
Sending university coordinator's e-mail:		

Subject	Name of the course (as indicated in the Course Catalogue)	(ECTS) Credits
AUTUMN TERM		
<i>EXAMPLE: Biology</i>	<i>Introduction to Biology</i>	5
SPRING TERM		
Total credits		

If you plan to take courses at the neighbouring university, University of Turku please indicate the courses here:

Course code	Course title	(ECTS) credits

Student's signature	Date:
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SENDING UNIVERSITY

We confirm that this proposed learning agreement/study plan is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date:

RECEIVING UNIVERSITY

We confirm that this proposed learning agreement/study plan is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date: