

Proposed Study Plan



COLLEGE
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To be completed by student

Name: _____

Course at Home Institution: _____

PLEASE PRINT SUBJECTS CLEARLY AND IN ORDER OF PREFERENCE (Please nominate a minimum of six and a maximum of eight subjects per semester at your Host Institution)

Subject Code	<u>HOST INSTITUTION</u> Subject Title	Credit Points / Units
Sem 1		
Sem 2		

To be completed by the Head of Faculty / Head of Program / Course Coordinator

Credit Equivalence: _____ **Proposed Study Load (per semester) 37.5 CP / 50 CP**

Head of Faculty / Head of Program / Course Coordinator Declaration of Support

I have checked the proposed Study Plan and confirm that the subjects the student has chosen to study at the Host Institution are equivalent to a full-time study load at their Home Institution and comply with the Credit Transfer Equivalence table. Should the subjects nominated on this form prove to be unavailable on arrival or otherwise unsuitable, it will be the student's responsibility to obtain approval from the School for any changes made to this Study Plan.

Name (Print) _____

Signature: _____

Date: _____

Student Declaration

I understand and agree that while on Study Abroad, I must study what is considered to be a "full-time study load" at the Host Institution. I understand that it is my responsibility to obtain approval from my Head of Faculty / Head of Program / Course Coordinator if any changes are made to the subjects listed and approved on this form.

Signature: _____

Date: _____

Please attach a sheet if additional comments are required.