**SAINT-PETERSBURG UNIVERSITY**

**EXCHANGE STUDENT STUDY PLAN**

ACADEMIC YEAR 20\_\_/20\_\_

STUDY PERIOD \_\_\_\_ MONTHS/ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name of student: |  | |
| Host Faculty: |  |  |

DETAILS OF PROPOSED STUDY

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| --- | --- | --- | --- | --- | --- | --- |
| Host Institution: Saint-Petersburg University | | | | Home Institution: | | |
| Study Programme at Host Faculty: | | | | Supposed Study Programme at Home Institution: | | |
| Course Title: | Semester: | ECTS Credits: | | Course Title: | Semester: | ECTS Credits: |
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| Comments: | | | | | | |
| Student’s Signature: | | | Date: | | | |

HOST INSTITUTION HOME INSTITUTION

(to be filled in by Host Faculty coordinator (can be filled in during the 1st month

at SPbU upon evaluation procedure of upon arrival to SPbU, if requred at

application) Home Institution)

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| --- | --- | --- | --- |
| We confirm that the proposed programme of study/learning agreement is approved. | | We confirm that the proposed programme of study/learning agreement is approved. | |
| *Place and Date* | *Name and position of the contact person at the Home Institution* | *Place and Date* | *Name and position of the contact person at the Home Institution* |
| *Official Stamp and signature* | | *Official Stamp and signature* | |