## Study plan / Learning agreement for exchange studies

The Student	Name:
	Email:
	Study cycle (BA, MA or PhD):
The Receiving University	Name of university:
	Country:
	Department:
	Name of Study programme or subject:
Planned period of the mobility	From (month/year) To (month/year):

## Proposed Study plan / Learning agreement

Course code	Course title	Semester (autumn/spring)	Number of credits
		TOTAL	_

## Transfer of credits at Åbo Akademi

Course code	Course title	Semester (autumn/spring)	Number of credits
		TOTAL	

Commitment of the parties:				
The Student:				
Student's signature	Date:			
The sending institution: Åbo Akademi				
I / we confirm that this proposed programme of study is approved.				
Academic coordinator's name:				
Academic coordinator's signature:	Date:			