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| Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_  Sending Institution: **Swedish University of Agricultural Sciences (SLU) - S UPPSALA02, Sweden**  Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Proposed study programme abroad

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| Course unit code (if any) | Course unit title | No. of ECTS credits |
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Student's signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sending Institution (SLU)

We confirm that this proposed programme of study is approved. A final decision concerning recognition will be taken in accordance with the Higher Education Ordinance 6 chap. 6-8§ and after an application from the student.

Signature of Programme Director of Studies at SLU

# Receiving Institution

We confirm that this programme of study is approved.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental coordinator's signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sending Institution: **Swedish University of Agricultural Sciences (SLU) - S UPPSALA02, Sweden**  Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_ |

# Changes to original proposed study programme abroad

# (to be filled in ONLY if applicable)

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| Course unit code (if any) | Course unit title | Deleted course unit | Added No. of  course ECTS  unit credits |
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Student's signature

Date: \_

# Sending Institution (SLU)

We hereby confirm that the above listed **changes** to the initially agreed programme of study are approved. A final decision concerning recognition will be taken in accordance with the Higher Education Ordinance 6 chap. 6-8§ and after an application from the student.

Signature of Programme Director of Studies at SLU

Date: \_

# Receiving Institution

We confirm that the above listed **changes** to the initially agreed programme of study are approved.

Departmental coordinator's signature

Date: \_