



Study/Research Plan (*Doctorate Level*)

ACADEMIC YEAR: **STUDY PERIOD: From.....To.....**

FIELD OF STUDY:.....

Full Name of Student:

.....

Sending Institution.....Country:.....

DETAILS OF THE PROPOSED STUDY PROGRAMME

Receiving Institution:.....Country:.....

DETAILS OF THE PROPOSED STUDY / RESEARCH PLAN

If necessary, please continue on a separate sheet

Student's Signature:.....Date:.....

SENDING INSTIUTION

We confirm that the proposed Study/Research Plan is approved and will be recognised at our university once the student returns from his/her mobility.

Academic – Faculty/Department Level

EU-METALIC Contact Person (Home Univ.)

.....

.....

Date: __ / __ / ____

Date: __ / __ / ____

RECEIVING INSTITUTION (signatures to be obtained at start of mobility)

We confirm that the proposed Study/Research Plan is part of the curriculum at our university and these courses/modules can be offered to the student.

Academic – Faculty/Department Level

EU-METALIC Contact Person (Host University)

.....

.....

Date: __ / __ / ____

Date: __ / __ / ____

CHANGES TO ORIGINALLY PROPOSED LEARNING AGREEMENT

[Empty box for changes to learning agreement]

If necessary, please continue on a separate sheet

Student’s Signature:..... Date:.....

SENDING INSTIUTION

We confirm that the proposed Study/Research Plan is approved and will be recognised at our university once the student returns from his/her mobility.

Academic – Faculty/Department Level

EU-METALIC Contact Person (Home Univ.)

.....

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Date: __ / __ / ____

Date: __ / __ / ____

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Academic – Faculty/Department Level

EU-METALIC Contact Person (Host University)

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Date: __ __ / __ __ / __ __ __ __

Date: __ __ / __ __ / __ __ __ __