

## 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 II 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 II Contact Person (Host Univ.)**

.....

.....

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

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

**CHANGES TO ORIGINALLY PROPOSED STUDY / RESEARCH PLAN**

[Empty box for changes to the 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 II Contact Person (Home Univ.)**

.....

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

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

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**Academic – Faculty/Department Level**

**EU-METALIC II Contact Person (Host Univ.)**

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

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