## SAINT-PETERSBURG UNIVERSITY EXCHANGE STUDENT STUDY PLAN

ACADEMIC YEAR 20_/20 STUDY PERIOD MONTHS/ FROM TO					
Name of student:				<del> </del>	
Host Faculty:					
DETAILS OF PR	<u> COPOSED ST</u>	<u>'UDY</u>			
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:
Comments:					
Student's Signature:			Date:		
HOST INSTITUTION (to be filled in by Host Faculty coordinator at SPbU upon evaluation procedure of application)			HOME INSTITUTION  (can be filled in during the 1st month upon arrival to SPbU, if requred at Home Institution)		
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 No	ame and position erson at the Hom	of the contact

Official Stamp and signature

Official Stamp and signature