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**STUDY and RESEARCH PLAN**

**for Doctorate exchange**

**Academic year: 20\_\_/\_\_**

**Field of Study:**

**Mobility Period:**

**I DETAILS OF THE STUDENT**

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| --- | --- | --- | --- |
| Student’s name: |  |  |  |
| Home Institution: |  | Country: |  |
| Host Institution: |  | Country: |  |
|  |  |  |  |

**II DETAILS OF THE PROPOSED STUDY PROGRAMME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit code |  | Course unit title |  | Number of ECTS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Description of planned research activities: | | | | |

\*If necessary, continue this list

**III COMMITMENT OF THE THREE PARTIES**

|  |  |  |  |  |  |  |  |  |  |
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| Student’s signature: | | |  | | Date: | | |  | |
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| HOME INSTITUTION  We confirm that the proposed study and research plan is approved and will be recognized at our university once the student returns from his/her mobility. | | |
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| Departmental coordinator’s signature |  | Institutional coordinator’s signature |
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|  |  |  |
| Date: |  | Date: |
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| HOST INSTITUTION  We confirm that the proposed study and research plan is approved and that the applicant can fulfil the aims laid down in this document at our institution. | | |
|  |  |  |
| Departmental coordinator’s signature |  | Institutional coordinator’s signature |
|  |  |  |
|  |  |  |
| Date: |  | Date: |
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**CHANGES TO STUDY and RESEARCH PLAN**

**(to be filled in ONLY if appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name: |  |  |  |
| Sending Institution: |  | Country: |  |
| Receiving Institution: |  | Country: |  |
|  |  |  |  |

**II DETAILS OF THE PROPOSED CHANGES**

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| --- | --- | --- | --- | --- |
| Course unit code |  | Course unit title |  | Number of ECTS |
|  |  |  |  |  |
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|  |  |  |  |  |
| Change to originally agreed research activities: | | | | |

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|  |  |  | | | | |  | |  |
| Student’s signature: | | |  | | Date: | | |  | |
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| --- | --- | --- |
| HOME INSTITUTION  We confirm that the above-listed changes to the initially agreed programme of study are approved. | | |
|  |  |  |
| Signature of the person in charge of study programme approval | | |
|  |  |  |
|  |  |  |
| Date: |  |  |
|  |  |  |
|  |  |  |

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| --- | --- | --- |
| HOST INSTITUTION  We confirm that the above-listed changes to the initially agreed programme of study are approved. | | |
|  |  |  |
| Departmental coordinator’s signature |  | Institutional coordinator’s signature |
|  |  |  |
|  |  |  |
| Date: |  | Date: |
|  |  |  |
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