Section E ~ Proposed Study Plan

WiN BUR NE *	SWINBURNE UNIVERSITY OF TECHNOLOGY SARAWAK CAMPUS	
BUR NE *	TECHNOLOGY	

Host Institution:

To be completed by student	
Student ID:	
Name:	
Course:	

Semester of Exchange: Sem 1 Yr_____Sem 2 Yr_____Sem 0 Yr_____

PLEASE PRINT SUBJECTS CLEARLY AND IN ORDER OF PREFERENCE (Please nominate a minimum of six subjects per semester at your Host Institution)

Subject Code	HOST INSTITUTION Subject Title	Credit Points	Year Level	SUT Subject	HOME INSTITUTION Equivalent	Approved by SUTSC Course Coordinator	Approved by SUTSC Course Coordinator
		/Units		Code	Subject Title	PRINT NAME	SIGNATURE
Sem 1							
Sem 2							
To be completed by the Head of School/Course Coordinator							
	uivalence:		Propos	ed Study L	.oad (per semester) 37.5cp / 50 cp Sem 1	HEXSem 2 HEX	Sem 0 HEX
Head of School / Course Coordinator Declaration of Support I have checked the proposed Study Plan and confirm that the subjects the student has chosen to study at the Host institution are equivalent to a fulltime study load at Swinburne and comply with the Credit							
Transfer Equivalence table. Should the subjects nominated on this form prove to be unavailable on arrival or otherwise unsuitable, it will be the student's responsibility to obtain approval from the School for any changes made to this study plan.							

Name (Print)

Signature:_____

Date:_____

Student Declaration

I understand and agree that while on exchange, I must study what is considered to be a "*full-time study load*" at the Host Institution. I understand that it is my responsibility to obtain approval from my Head of School /Course Coordinator if any changes are made to the subjects listed and approved on this form.

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