



STUDY PLAN (ONLY MASTER APPLICANTS)

ACADEMIC YEAR 20__/20__ STUDY PERIOD ____ MONTHS

Name of student:	
Home institution:	
Target Group:	

DETAILS OF PROPOSED STUDY TO FOLLOW AT THE HOST INSTITUTION AND THE PROPOSED RECOGNITION AT THE HOME INSTITUTION:

Home Institution:		Host Institution:			
Study Programme at the Home Institution:		Study Programme at the Host Institution:			
Course Title:	Semester:	ECTS Credits:	Course Title:	Semester:	ECTS Credits:
Comments:					
Date and student's Signature:					

HOME INSTITUTION

HOST INSTITUTION

We confirm that in case the student is selected to	We confirm that in case the student is selected to
be granteed with a CASEU scholarship the above	be granteed with a CASEU scholarship the above
mentioned subjects could/would be recognised	mentioned subjects could/would be followed by
with the academic programme agreed on with the	the student at the hosting institution.
hosting institution.	
Name and position of the signing person at the Home	Name and position of the signing person at the Host
Institution:	Institution:
Place and Date:	Place and Date:
Official Stamp and signature	Official Stamp and signature