



UNIVERSITY OF GOTHENBURG
SCHOOL OF BUSINESS, ECONOMICS AND LAW



Study plan Bilateral exchange studies

Academic year 2023/24

The Student	Last name: First name: Date of Birth (dd/mm/yyyy): Tel: _____ Email: _____
The Sending Institution	Name: University of Gothenburg Country: Sweden Faculty: School of Business, Economics and Law
The Receiving Institution	Name: Country: Faculty:

1. Before the mobility

Planned period of the mobility: Autumn Spring Other ;

Planned dates from (dd/mm/yyyy): _____ **to** (dd/mm/yyyy): _____

Table A: Courses at the Receiving Institution

Course code	Course title	Credits to be awarded by the Receiving Institution upon successful completion
TOTAL		
Web link to the course catalogue at the receiving institution describing the learning outcomes:		

Table B: Recognition at the Sending Institution

Course code	Course title	Credits to be recognised by the Sending Institution
TOTAL		



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If you (the student) do not complete or pass all the approved credits, you may have to complete and pass additional work after your return.

2. Commitment of the two parties

By signing this document, the student and the Sending Institution confirm that they approve the Study plan and that they will comply with all the arrangements agreed by both parties. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. The student will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

The student

Student's signature _____

Date:

The Sending Institution

Responsible person's signature _____

Date:

Name:

Function:

Tel:

Email:



Course changes

Exceptional changes to Table A (if applicable)						
(to be approved by e-mail or signature by the Student and the responsible person in the Sending Institution)						
Table A2 During the mobility	Course code	Course title at the Receiving Institution	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change ⁱ	Number of credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	

Exceptional changes to Table B (if applicable)					
(to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)					
Table B2 During the mobility	Course code	Course title at the Receiving Institution	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Attach email approvals of changes or collect signatures below.

The student	
Student's signature	Date:

The sending institution	
Responsible person's signature	Date:

ⁱ Reasons for exceptional changes to study programme abroad (choose an item number from the table below):

<i>Reasons for deleting a course</i>	<i>Reason for adding a course</i>
1. Previously selected course is not available at the Receiving Institution 2. Course is in a different language than previously specified 3. Timetable conflict 4. Other (please specify)	5. Substituting a deleted course 6. Extending the mobility period 7. Other (please specify)