Proposed Study Plan

Student ID:_____ **Host Institution:**_____
Name:_____ **Semester of Exchange: Sem 1 Yr** _____**Sem 2 Yr**_____
Swinburne Course:_____

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

Unit Code	HOST INSTITUTION Unit Title	Credit Points /Units	Year Level	SUT Unit Code	HOME INSTITUTION Equivalent Unit Title	Approved by SUT Unit Convenor PRINT NAME	Approved by SUT Unit Convenor SIGNATURE

To be completed by the Faculty Administrator
Credit Equivalence:_____ **Proposed SUT Study Load (per semester)** 37.5cp / 50 cp **Sem 1 code** _____ **Sem 2 code** _____

Faculty Administrator Declaration of Support
I have checked the proposed Study Plan and confirm that the units 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 units 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 Faculty Administrator if any changes are made to the units listed and approved on this form.

Signature:_____ **Date**:_____

Please attach a sheet if additional comments are required