

Section E ~ Proposed Study Plan

To be completed by student

Student ID: _____

Name: _____

Course: _____

Host Institution: _____

Semester of Exchange: Sem 1 Yr _____ **Sem 2 Yr** _____ **Sem 0 Yr** _____

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 School Administrator/Program Manager

Credit Equivalence: _____ **Proposed SUT Study Load (per semester) 37.5cp / 50 cp Sem 1 HEX** _____ **Sem 2 HEX** _____ **Sem 0 HEX** _____

Faculty of Design Requirements

1) If host institution units cannot be decided prior to departure from Swinburne, the following requirements must be fulfilled (course convenor to tick appropriate requirements):

- Upon arrival at the host institution, the list of units chosen and their descriptions must be emailed to Course Coordinator and the Education Abroad Office during the first week of the host institution's semester, for approval.
- Selection of units at host institution is to be to the equivalent level of units being conducted at home institution (Swinburne) during the semester of exchange.

2) National Institute of Design Assessment of work: NID requires all work completed by NID students on exchange to be assessed upon return by their Swinburne course coordinator, as well as the usual requirement of Record of Assessment/Results from the host institution. NID students are to return with evidence of project work from their program, including digital photographs of work unable to be transported home.

Course Coordinator Name (Print) _____ **Signature:** _____ **Date:** _____

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 Faculty 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/Program Administrator if any changes are made to the units listed and approved on this form. I understand the conditions of National Institute of Design unit approval, as required by the NID, and agree to fulfil these requirements.

Signature: _____ **Date:** _____