

Section E ~ Proposed Study Plan

To be completed by student

Student ID: _____

Name: _____

Course: _____

Host Institution: _____ Western Michigan USA – Aviation / ATM _____

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

Unit Code	HOST INSTITUTION Unit Title	Credit Points /Units	Year Level	SUT Unit Code	HOME INSTITUTION Equivalent Unit Title	Approved by SUT Course Convenor Stephen Fankhauser
AVS2050	Aviation Safety	3				
AVS2070	Crew Resource Management	2				
AVS4280	International Aviation	3				
AVS3190	Aviation Legislation	3				
AVS2120	Aviation Meteorology	3				
AVS3060	Advanced Aerodynamics & Performance	3				
AVS3070	Advanced Aircraft Systems	3				
AVS3080	Advanced Aircraft Systems	3				
AVS3220	Global Navigation & Int'l Flight	3				
	**Student's course convenor is to choose 5 units from the courses listed above				Upon satisfactory completion, 50 SUT credits will be given. Credit will not include HES2905 which will be undertaken in consultation with the Course Coordinator and the Chief Ground Instructor.	

To be completed by the Faculty Administrator/Program Manager

Credit Equivalence: min 12-max 15 credit hrs= 50 SUT credit pts _____ Proposed SUT Study Load (per semester) 37.5cp / 50 cp

Sem 2 2009 : Holding Code _____

Faculty Administrator Declaration of Support – Alicia Haverkort

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 School Administrator/Program 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.