To be completed by student

Student ID: __________________________
Name: _______________________________
Course: _____________________________

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

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

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>HOST INSTITUTION Unit Title</th>
<th>Credit Points /Units</th>
<th>Year Level</th>
<th>SUT Unit Code</th>
<th>HOME INSTITUTION Equivalent Unit Title</th>
<th>Approved by SUT Course Coordinator PRINT NAME</th>
<th>Approved by SUT Course Coordinator SIGNATURE</th>
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To be completed by your Course Coordinator (please refer to a checklist on the back of this form)

Credit Equivalence: ____________________ Proposed SUT Study Load (per semester) Sem 1: 37.5cp / 50 cp Sem 2: 37.5cp / 50cp

Is this student returning to a minimum of one unit (12.5 credit points)? YES/NO (Please circle one)
Will this student have completed eight units (100 credit points) by the commencement of their proposed exchange semester? YES/NO (Please circle one)

Special Remarks:

Course Coordinator 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 Course Coordinator 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 (Equivalent to at least 3 Swinburne Units). I understand that it is my responsibility to obtain approval from my Course Coordinator if any changes are made to the units listed and approved on this form.

Signature: __________________________ Date: __________________________
For Course Coordinator reference only:

In accordance with application instructions on the Swinburne Abroad website
http://www.swinburne.edu.au/current-students/study-abroad-exchange/swinburne-students/student-exchange/

Students should submit the following in order to enable you to approve their study plan:

☐ A copy of their program planner

☐ Unit outlines/descriptions for their proposed units at the host institution

Links:

List of exchange partners
http://www.swinburne.edu.au/current-students/study-abroad-exchange/swinburne-students/student-exchange/partner-universities/

Student Program planners
http://swinburne.custhelp.com/app/answers/detail/a_id/1393/kw/course+planners/session/L3RpbWUvUvMTM5MzQ3MjM2MyY9aWQvKnhRclFYTmw%3D