

STUDY PLAN – CHOSEN DISCIPLINES TO BE TAKEN AT THE RECEIVING INSTITUTION

Full name:	
Name of the course taken at Universidade Metodista:	Date:
Name of the course coordinator at Universidade Metodista:	
Enrollment number:	
Receiving institution:	
Name of the course at the receiving institution:	
DISCIPLINE/ MODULE	
Discipline at the receiving institution	Equivalent discipline/module at Universidade Metodista
Workload:	Workload:
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Workload:	Workload:

Universidade Metodista coordinator's observation and validation:

Will the student be approved at the consecutive academic semester at Universidade Metodista, if he/she fulfills the study agreement described in this study plan, attends classes regularly and doesn't fail the final results at the receiving institution? (For coordinator, only)

Observations:

Student's signature: _____

Universidade Metodista coordinator's signature: _____

International Relations Office stamp: _____