Study Plan & Nomination Form

(To be completed by the student and signed by the Head of Department)

Student Information

- **Full Name of Student**: _____
- **Student ID Number**: _____
- **Faculty**: _____
- **Department/Major**: _____

Host University Information

- **Host University Name**: _____
- **Host University Country**: _____
- **Duration of Exchange Program**:
  ☐ 1 Semester
  ☐ 1 Academic Year
  ☐ Other: _____
- **Start Date**: _____
- **End Date**: _____

Student's Statement of Intent

Why do you want to participate in the exchange program, and how does it align with your academic and career goals?
(Please provide a brief explanation in the space below.)

_____
_____
_____
_____
_____
_____
_____

Proposed Study Plan at Host University

Please list the courses you intend to take at the host university and the equivalent home university courses (if applicable):

Host University Course Code	Host University Course Title	Equivalent Home University Course (if applicable)	Credits

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Head of Department Nomination

I, **(Name of Head of Department)**, confirm that the above-named student is academically eligible for participation in the student exchange program at **(Host University Name)**. I have reviewed and approved the student's proposed study plan.

- **Full Name of Head of Department**: _____
- **Signature of Head of Department**: _____
- **Date**: _____
- **Email**: _____
- **Phone Number**: _____

Additional Comments by Head of Department (if applicable):

(Optional)

Important Notes for Students:

- This form must be **completed and signed** by both the student and the Head of Department.
- The signed form must be submitted along with the **exchange program application** and other required documents.