

## Study Plan & Nomination Form

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

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### Student Information

- Full Name of Student: \_\_\_\_\_
  - Student ID Number: \_\_\_\_\_
  - Faculty: \_\_\_\_\_
  - Department/Major: \_\_\_\_\_
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### Host University Information

- Host University Name: \_\_\_\_\_
  - Host University Country: \_\_\_\_\_
  - Duration of Exchange Program:
    - 1 Semester
    - 1 Academic Year
    - Other: \_\_\_\_\_
  - Start Date: \_\_\_\_\_
  - End Date: \_\_\_\_\_
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### 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.)*

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**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: \_\_\_\_\_

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**Additional Comments by Head of Department (if applicable):**

*(Optional)*

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## 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.