**STUDY PLAN**

###### ACADEMIC YEAR: 20../20..

**PERIOD OF STUDY: WINTER SEMESTER  SUMMER SEMESTER FULL YEAR**

**from …………… to …………………**

**/dates/**

**Student:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Last name** |  |
| **Date of Birth** |  | **Nationality** |  |
| **Sex [M/F]** |  | **Year of study** |  |
| **Study cycle (BA/MA/PhD)** |  | **Subject area** |  |
| **Phone number** |  | **E-mail** |  |

**Sending Institution:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Sofia University  St. Kliment Ohridski | **Faculty/Department** |  |
| **Country** | Bulgaria | **Contact person name** |  |
| **Address** |  | **Contact person e-mail** |  |

**Receiving Institution:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Sofia University  St. Kliment Ohridski | **Faculty/Department** |  |
| **Country** | Bulgaria | **Contact person name** |  |
| **Address** | International Relations Office  15, Tsar Osvoboditel, Blvd.  1504 Sofia | **Contact person E-mail** |  |

**part 1: Before the mobility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course unit code (if any)** | **Course title** | **Semester**  **(winter/**  **summer)** | **Number of ECTS credits (or equivalent)** |
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***Please, add rows if necessary.***

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| --- |
| **Student’s signature** ……………………………….. **Date**: ………………………………… |

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| --- |
| **SENDING INSTITUTION**: We confirm that the Study plan is accepted. |
| **Faculty coordinator**  **Name:** |
| **E-mail:** |
| Date: ………………………… Signature and stamp ………………………………………. |

|  |
| --- |
| **RECEIVING INSTITUTION** **Sofia University St. Kliment Ohridski**  We confirm that the Study plan is accepted.  Signature: ………………………… Date and stamp ………………………………………. |
| **Faculty coordinator**  **Name:** ………………………………………………………………………………………… |
|  |
| Date: ………………………… Signature and stamp ………………………………………. |

**part 2: During the mobility**

***Changes to the study programme***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course unit code (if any)** | **Course title** | **Semester**  **(winter/**  **summer)** | **Number of ECTS credits**  **(or equivalent)** |
|  |  |  |  |
|  |  |  |  |
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***Please, add rows if necessary.***

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| --- |
| **Student’s signature** ……………………………….. **Date**: ………………………………… |

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| --- |
| **SENDING INSTITUTION**: We confirm that the Study plan is accepted. |
| **Faculty coordinator**  **Name:** …………………………………….. |
| **E-mail:** ……………………………………………………. |
| Date: ………………………… Signature and stamp ……………………………… |

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| --- |
| **RECEIVING INSTITUTION** **Sofia University St. Kliment Ohridski**  We confirm that the Study plan is accepted.  Signature: ………………………… Date and stamp ………………………………………. |
| **Faculty coordinator**  **Name:** ………………………………………………………………………………………… |
|  |
| Date: ………………………… Signature and stamp ……………………………… |