



Application for individual study plan

Applies only to programme students at the University of Borås.

Filled in by the student * = mandatory information

| | | | |
|--|--|--|--|
| Personal identity number (YYMMDD-XXXX) * | | The form should be sent to: Högskolan i Borås, Student Reception, 501 90 Borås or handed in to: Student Reception, B3 | |
| Last name * | | | |
| First name * | | Telephone/Mobile number | |
| Address | | | |
| Postal code | | City | |
| Email (student account SXXXXXX) * | | Email (alt.) | |
| | | @student.hb.se | |

Information about the studies *

| | |
|---|---------------|
| Programme (specialisation, if any) | Starting year |
| | |
| Note! Please attach the block schedule of the study programme (note any courses completed) or the syllabus. Please attach your Ladok transcription of records. Please present your proposal for a study plan on page 2 of this form. | |

Note! Documents sent to the university are deemed to be public and may be issued if anyone so requests, After decision has been made the documents will be archived.

Place, date and student's signature *

DECISION Filled in by the university

- Approval. The above student may register for the courses stated.
- Rejection.

Comment:

.....
.....

Date, decision-maker's signature

Clarification of signature and position

.....

Decision announced to student (date, signature):

With this proposal, I apply to study at the University of Borås during the academic year _____

Study period 1 / Week: _____

| Course code | Course | Examination | University credits |
|-------------|--------|-------------|--------------------|
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Study period 2 / Week: _____

| Course code | Course | Examination | University credits |
|-------------|--------|-------------|--------------------|
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Study period 3 / Week: _____

| Course code | Course | Examination | University credits |
|-------------|--------|-------------|--------------------|
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Study period 4 / Week: _____

| Course code | Course | Examination | University credits |
|-------------|--------|-------------|--------------------|
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