



Royal Holloway University of London

Royal Holloway International International Exchange Programme Academic year 20.../20....

This document is for students who are studying overseas as an integral part of their degree i.e credit will be transferred from the host institution to Royal Holloway. If you are abroad on an additional year, you do not need to complete this form.

Name of student: .....
Host institution: .....

Details of the study plan

Table with 4 columns: Course unit code, Course unit title, Period of study e.g Spring Semester, Number of credits/points/units. Includes a total row at the bottom.

\*Please note that you must take the full course load at the host institution.

Student's signature ..... Date: .....

Departmental advisor's name and signature

I confirm that the proposed programme of study is approved.

Name.....

Signature.....

Date: .....

Name of student: .....

Host institution

**Changes to original study plan**

To be filled in only if appropriate. If necessary, continue this list on a separate sheet.

Course code	Course title	Period of study e.g Spring Semester	Deleted course	Added course	Number of credits/points/units
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
					Total number of credits/points/units*

**\*Please note that you must take the full course load at the host institution.**

Student's signature .....

Date: .....

**Departmental advisor's name and signature**

I confirm that the above-listed changes to the initially agreed study plan are approved.

Name.....

Signature.....

Date: .....

Once this document has been signed, please send a copy to Katie Sharpe ([katie.sharpe@rhul.ac.uk](mailto:katie.sharpe@rhul.ac.uk))  
 Administrative Officer for Visiting Students, Royal Holloway International.