

Study plan

Date

Name

General Academic Competences min. 10 ECTS**Course****Credits****Scheduled time**

in total

ECTS

Discipline- and Field-Specific Studies min. 25 ECTS**Course****Credits****Scheduled time**

in total

ECTS

Theoretical studies in total

ECTS

I agree with the study plan presented

Date_____
Responsible Supervisor's signature