

A plan of study for the extra year ensuring the completion of the missing studies

Student	Student's name	Student number	Group code
	Address		
	E-mail address	Phone	
Duration of studies and ECTS	Extension applied for ____.____.____ - ____.	Studies started on (date)	ECTS completed

I will complete the following studies in accordance with the planned schedule:

Study module	Extent (cr)	Time of performance
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
		____.____.____ - ____.
Student's signature	Date and signature ____.____.____	

Signatures	Degree Programme Manager Date and signature ____.____.20____	Stamp of the University of Applied Sciences
	Dean of faculty / Director of Continuing Education Date and signature ____.____.20____	
Copies to:	<input type="checkbox"/> Saimaan University of Applied Sciences, Student Office (original) <input type="checkbox"/> Student	