

2020 DUO-Thailand Fellowship Programme

Record of DUO-Thailand Study Programme

1. STUDENT'S PERSONAL DATA

Note: To be completed by the student. The information provided in this form will be treated in confidence by the home and host institutions. Data from the form may be used for DUO-Thailand statistical purposes, but only in an aggregated and non-identifiable manner.

Last name: _____ First name: _____

Department/School/Faculty _____

Home institution: _____ Country: _____

Host institution: _____ Country: _____

Department/School/Faculty _____

2. DETAILS OF THE PROPOSED DUO-Thailand STUDY PROGRAMME

Note: To be completed and signed by student and counter-signed by the academic staff members of both institutions.

Course unit code (if any)		Course unit title		CREDITS	
Host Institution	Home Institution	Host Institution	Home Institution	Host Institution	Home Institution

(If necessary, continue the list on a separate sheet, including any changes to be approved programme, which must be signed and counter-signed.)

Student's signature: _____ Date: _____

We confirm that the proposed programme of study is approved.

(Home institution staff member)
INSTITUTION STAMP

Date: _____

(Host institution staff member)
INSTITUTION STAMP

Date: _____