



Individual study plan

☐ Autumn term, year _____ ☐ Spring term, year _____

Applicant

Last name	First name	
Civic registration number	Telephone number	
Programme	Admission year	Obtained credits
E-mail _____@kth.se		

A. On-going courses I intend to complete (C=compulsory, E=eligible, X=extra)

Course code	Course name	Level	Credits (ECTS)	Term/period	C	E	X

B. Future courses

Course code	Course name	Level	Credits (ECTS)	Term/period	C	E	X

Courses under A and B should not exceed 30 ECTS

Student's signature

Date	Signature
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Approved by Programme Coordinator/Programme Director

Date	Signature
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To be filled in by ICT Kansli

<input type="checkbox"/> Study plan approved <input type="checkbox"/> Registered in LADOK, date:
