



Individual study plan

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

Applicant

Last name	First name	
Date of Birth (personel number)	Telephone number	Cell phone
Program	Admission year	Obtained credits
E-mail _____@kth.se		

A. On-going courses I intend to complete

Course code	Course name	Level	Credits (ECTS)	Term/period

B. Future courses

Course code	Course name	Level	Credits (ECTS)	Term/period

Courses under A and B should not exceed 30 ECTS

Student's signature

Date	Signature
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Approved by Study Consellour

Date	Signature
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To be filled in by ICT Kansli

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