

Personal Study Plan

Attachment to the Renewed Right to Study application

Please submit the application form in www.studyinfo.fi and upload necessary attachments to the application form.

Family name	First names
Degree Programme	Date of birth
Student Counsellor/Tutor teacher	

Studies to be completed	Credits	The planned time dd/mm/yy – dd/mm/yy

If necessary, please continue on a separate sheet.
credits

Total

Signature of the applicant

Date

To be filled in by the student counsellor/tutor teacher of Savonia UAS:

If the application will be accepted, the student will join the group _____.

I accept the study plan.

Signature of the student counsellor/
tutor teacher

Date

Name of the student counsellor/tutor teacher