



# STUDY PLAN FORM

Student ID: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Unit Name:		
Absent Date	Study Plan offered Date	Trainer Name
1.		
2.		
3.		
4.		

## Approval (Office use only)

Application      Approved       Not Approved

Comments:

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Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Student Declaration

I declare that I have acknowledged the above-mentioned study plan offered to me and its additional cost:

Date: \_\_\_/\_\_\_/\_\_\_

Student Signature: \_\_\_\_\_