**2019 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.*

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| --- | --- | --- |
| **Course unit code****(if any)** | **Course unit title** | **CREDITS** |
| Host Institution | Home Institution | Host Institution | Home Institution | Host Institution | Home Institution |
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*(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) (Host institution staff member)

 INSTITUTION STAMP INSTITUTION STAMP

 Date: Date: