



Exchange Students: Research Learning Agreement

Host University:	
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Home University:	Stellenbosch University
Supervisor at SU:	
Email:	
Telephone:	

Host University:	
Supervisor at Host University:	
Email:	
Telephone:	

Detailed Work Plan – Research and Study Activities	
Month 1	
Month 2	

Month 3	
Month 4	
Month 5	

Proposed Courses – If applicable						
Course Module (Stellenbosch University)	Credits (Stellenbosch)	Course Module (Host institution)	Credits		Approval by SU Department	
			ECTS		Name of Lecturer	Signature
			US			

Student signature:	Date:
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Stellenbosch Supervisor:	
Signature:	
Date:	
Comments by Stellenbosch Supervisor/ Academic department:	

Stellenbosch Exchange Coordinator:	
Signature:	
Date:	

To be completed by host institution:	
We confirm that _____ (name of student) is approved for the study/ research plan indicated above.	
Coordinator:	
Signature:	
Date:	<div data-bbox="858 1599 1294 1774" data-label="Text" style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>OFFICIAL STAMP</p> </div>

