

Individual study plan (ISP) to be attached to the application for the extension of study time.

Name Student number

Please, fill in all fields of the form carefully. This will speed up the decision-making process! Contact your student counsellor, who will approve your plan. Leave the courses that you have taken, but which have not yet been graded, to the end of the list. Please, contact the teacher(s) to have those course grades marked in Peppi *)

Name of the study unit	Course code	Cr.	Teacher	Lectures and workshops to be attended: time of studies (date – date)	Exam: time when to be taken (date - date)	Returning unfinished learning assignment(s): (by which date)	Study unit completed, but the grade is not available in Winha *)



Thesis title	Su	pervisor	l l	s started th/year)	Percenta already complete (%)		Estimated time of full completion (month/year)	Thesis has not yet been started (X)	
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Mark here only the missing part of your please, attach the agreement of your prac			comple	ete during	the exten	ided st	udy time.		
ace of practical training		Credits earned during practical training		Period o training date)		Super	visor		
Student's further details									
Date	Student's signature								
To be filled by the student counsellor									
I have checked that the student's right to student.	o study at Kare	lia UAS is valid and a	pprove tl	he above s t	tudy plan,	which	we have reviewed w	ith the	
Date		Coun	sellor's s	ignature _				_	
	Name in block letters								
Councellor's further details									