

Name _____

Student number _____

Thesis title	Supervisor	Thesis started (month/year)	Percentage already completed (%)	Estimated time of full completion (month/year)	Thesis has not yet been started (X)

Mark here only the missing part of your practical training that you plan to complete during the extended study time. Please, attach the agreement of your practical training to this form.

Place of practical training	Credits earned during practical training	Period of training (date - date)	Supervisor

Student's further details

Date _____

Student's signature _____

To be filled by the student counsellor
 I have checked that the student's **right to study** at Karelia UAS is valid and approve the above **study plan**, which we have reviewed with the student.

Date _____

Counsellor's signature _____

Name in block letters _____

Councillor's further details