2020 DUO-Thailand Fellowship Programme

Record of DUO-Thailand Study Programme

1. STUDENT'S PERSONAL DATA

Date:

t	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 na	ame:			
Department	/School/Fact	ulty				
Home institu	ution:		Country:			
Host institution:			Country:			
Department	/School/Fact	ulty				
2. DETAIL	S OF THE I	PROPOSED DUO-Thailand STU	UDY PROGRAMME			
	To be comple institutions	ted and signed by student and coul	nter-signed by the academic staff	members of	both	
Course unit code (if any)		Course unit title		CREDITS		
Host Institution	Home Institution	Host Institution	Home Institution	Host Institution	Home Institution	
_	continue the	list on a separate sheet, including a	ny changes to be approved progra	nmme, which	must	
Student·s signature:			Date:			
We confirm	that the prop	posed programme of study is ap	proved.			
(Home institution staff member) INSTITUTION STAMP			(Host institution staff member) INSTITUTION STAMP			

Date:_____