



## TRANSFOR-M STUDY PLAN

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| <b><i>Student Name:</i></b>                  |  |
| <b><i>Student Identification Number:</i></b> |  |
| <b><i>Citizenship:</i></b>                   |  |
| <b><i>Date of Birth:</i></b>                 |  |
| <b><i>Address:</i></b>                       |  |
| <b><i>Phone Number:</i></b>                  |  |
| <b><i>Email Address:</i></b>                 |  |
| <b><i>Canadian Institution:</i></b>          |  |
| <b><i>European Institution:</i></b>          |  |

**YEAR 1**

**FALL**

| <i>Number</i> | <i>Title</i> | <i>Credit</i> | <i>ECTS</i> |
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**YEAR 2**

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| <b>Approved by the Liaison Officer<br/>of the Canadian Institution</b> | <b>Approved by the Liaison Officer<br/>of the European Institution</b> |
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| Institution:   | Institution:   |
| Name:  | Name:  |
| Date:  | Date:  |
| Signature:   | Signature:   |