

JÖNKÖPING UNIVERSITY School of Health and Welfare

# Academic Plan & Approval for Studies Abroad

### *Fill in the entire document electronically*

Student's Name	Personal Number	Study p	rogramme
Study Abroad Program type: 🗆 one semester abroad		□short term	studies (<30 ECTS)
	]thesis abroad	□VFU abroa	d
Host university's name			
Study Abroad Term (fill in appr	ester	Spring semester	
Proposed enrollment dates (YY	End		

#### Academic Plan & Approval for Studies Abroad Form

The purpose of this form is to outline the academic program a student intends to pursue while abroad and to agree among all parties concerned that, contingent upon their successful completion, specific courses taken at an overseas institution will satisfy HHJ degree requirements. Students will need to discuss their academic programs with their contact teacher. Final decisions regarding the application of credit towards HHJ degree requirements can be made only after students return from abroad and present appropriate records/transcripts.

#### **Student Instructions for Securing Approval**

1. You must have detailed descriptions of the courses you wish to take before filling out the credit approval form. Having access to course offerings from the host institution is essential.

2. Complete the top portion of the form, and, with the guidance of your contact teacher, list the courses you plan to take at the host institution. (*List of the current contact teachers can be found at student webpage*)

3. Contact teacher will proceed document to the Head of the Programme for final approval.

4. Once your form is approved by the Head of the programme, contact teacher will e-mail a copy of the signed form to you and IRO coordinator.

5. Now you can upload courses taken abroad in Intapps. This step must be done before your departure.

6. You must always inform your contact teacher and IRO if any changes in your course selection occur and the new approval must be taken.

7. When your exchange period is at the end, request your academic transcript of records to be sent to IRO to the following address:

Jönköping University International Relations Office To: Lucie Weissova P.O. Box 1026 551 11 Jönköping Sweden

#### Contact teacher/Programme Head Instructions for Study Abroad Approval Form

1. Contact teacher must evaluate the course description provided by the student and decide if the course(s) will transfer to HHJ.

2. Fill in the boxes for each course determining what the course equivalency is.

3. Keep in mind that full-time study workload varies in different countries. It is important to have a knowledge about how many local credits correspond full-time study workload. If you are unsure, contact your contact person at host university or get advice from IRO. ECTS credits used in EU correspond to Swedish hp.

3. Sign the form at the bottom of the document and forward the from to Head of the programme for the final approval.

4. Once you receive final approval, scan the document and email it to the student and coordinator at IRO.

#### **Student Statement of Understanding**

1. I understand that all courses taken abroad will be posted on my official JU transcript.

2. It is my responsibility to have HHJ-equivalent courses approved by the contact teacher before my departure.

3. I must inform my academic teacher and IRO of any changes in my choice of courses.

4. I will be a good JU/HHJ ambassador, and I will follow all guidelines and regulation at host university.

5. After my home return, I will submit my travel story to IRO and share the experiences from my exchange semester with other students and staff.

6. After my home return, if clinical placement has been included in my exchange semester I am responsible for making a MRB test. This must be done before I attend another clinical placement period in Sweden.

Student's signature

Date



School of Health and Welfare

## **Course Approval**

Cours	ses to be taken abroad	en abroad HHJ course equivalents		CHANGES (if applicable)		
No.	Course title	Local Credits	Course title Credits (hp)		Course title	Lo cr
	Health Care Management	3	Health Care Improvement	7.5	Leadership in Health services	3
1.						
2.						
3.						
4						
r						

5				
6				
7				
8				
9				

Contact teacher signature	Date	Contact teacher signature	Date
Head of programme signature	Date	Head of programme signature	Date

	In local credits	In hp
	15	30
Overall number of credits taken abroad:		
Number of credits taken at home (if any):	N/A	

If a	If any credits taken at home, specify what courses student				
need to have registered at HHJ					
1		3			
2		4			