**Outbound Student Exchange Overseas Study Plan**

**First-Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID** \_\_\_\_\_\_\_\_\_\_\_\_**Year**\_\_\_

**Section/Program**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Faculty**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exchange Program at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Country**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **from**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DD/MM/YYYY** | **Activity** |
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**Plan for medical expenses and care while receiving treatment abroad**

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