Karelia

Individual Study Plan (ISP)

Student's name **Student number**

Please, fill in all fields of the form carefully. This will speed up the decision-making process.
Contact your student counsellor, who will approve your plan.

Leave the courses that you have taken, but which have not yet been graded, to the end of the list.
Please, contact the teacher(s) to have those course grades marked in Peppi.

Name of the study unit **(includes thesis and practical training**	**Course code**	**Credits**	**Performance time for missing studies (date – date)**	**More information**

Practical training completed Yes ☐ No ☐

Thesis started Yes ☐ No ☐ Percentage already completed %. Estimated time of full completion

Student’s further details

Student Councellor fill

☐ I have gone through the study plan with the student and I accept it.

Date Councellor's name

Concellor's further details