



**INTRA-ACP  
MOBILITY**



**STUDY and RESEARCH PLAN  
Full Doctorate degree**

**ACADEMIC YEAR 20\_\_/20\_\_**

**FIELD OF STUDY: \_\_\_\_\_**

**MAXIMUM 3 PAGES**

Name of student: .....

Sending institution: ..... Country: .....

Receiving institution: ..... Country: .....

Theoretical background and previous research background:

Goals and objectives:

Description of planned research activities and methods:

Expected results, benefits and risks:



**INTRA-ACP  
MOBILITY**



Student's signature

.....

Date: .....

**SENDING INSTITUTION**

We herewith confirm that the proposed study and research plan is approved and in accordance with the applicant's field of research and/or work.

Academic Coordinator at Faculty/Department Level

ECCAM contact person at sending institution

.....  
Date: .....

.....  
Date: .....