



**UNIVERSITAS GADJAH MADA
FACULTY OF LAW
INTERNATIONAL UNDERGRADUATE PROGRAM (S1-IUP)**

Study Plan Request Form

Serial Number: 02/II/IUPL.UGM/SP/2016

With regards to my study for Semester of Academic Year / , I, the undersigned,

Name :

Student Number :

hereby propose a Study Plan, as follows:

Course Name	Class	Credit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL CREDITS		

For your consideration, I am attaching to this Form: a) A copy of my student identification card (KTM); b) a copy of my Academic Transcript of the previous semester, if applicable.

Date : Signature :

Approval by Academic Advisor :
(name and signature)

VERIFIED	REJECTED
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Secretary of the Undergraduate Program

Richo Andi Wibowo, S.H., LL.M., Ph.D.

Suggested change, in case of rejection:

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