NOTIFICATION OF INTEREST FOR EXCHANGE

STUDIES
 *Please use CAPTIAL LETTERS if you fill out the form by hand*

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| --- |
| Academic year (yyyy/yyyy) |
| Study programme or course |

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| **1. INFORMATION ABOUT HOME INSTITUTION** |
| Home institution: Swedish Defence University |
| Erasmus ID code: S STOCKHO 21 | Tel +46 8-55342639 |
| Coordinator: Carin Jutterström |  |
| E-mail: carin.jutterstrom@fhs.se |

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| **2. STUDENT** |
| Family name | First name(s) |
| Date of birth (10 digits) | Age  | Place of birth |
| Gender[ ]  Male [ ]  Female [ ]  Other | Nationality |
| Current address (from -to) | Permanent address (if different) |
| Tel. | E-mail |

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| *Please attach official transcripts including full details of previous and current studies of higher education.* |
| List the course/courses you are registered on this semester(name of course(s), number of credits, university)1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specify the diploma/degree for which you are currently studying(Higher Education Diploma, Bachelor degree or Master degree) |
| Number of study years of higher education prior of exchange studies  |

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| **3. FUNDING** |
| Have you already studied abroad with an Erasmus grant?[ ]  No [ ]  Yes for studies [ ]  Yes for internship  |

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| **4. LANGUAGE SKILLS** |
| Mother tongue |
| Please indicate if you speak any other languages besides your mother tongue1. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited 2. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited 3. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited  |
| Will you, if necessary, study the language of the host institution before the exchange period?[ ]  Yes[ ]  No |

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| **5. REASON FOR APPLICATION AND AREA OF STUDY** |
| Please explain why you wish to study abroad and what area you wish to study in |

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| **6. LIST OF UNIVERSITIES** |
| Name of university and institution/faculty | Country |
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|  |  |
|  |  |
| Period of study (from – to) |
| Duration of stay (months) |

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| --- |
| **7. DESCRIPTION OF COURSE AT HOST INSTITUTION** |
| Course | Credits |
| 1. |  |
| 2.  |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |

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| **8. STUDENT UNION ACTIVITIES**  |
| Please list activities relating to the student union at the SEDU (Försvarshögskolan).1.2.3.4.5.6.7.8.9.10. |

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| **9. ADDITIONAL INFORMATION** |
| If you are not a programme student, please list your study plan until graduation from the Swedish Defence University. |

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| **10. SIGNATURE** |
| Student | Date |

**COMPLETING THIS APPLICATION FORM**

**1. INFORMATION ABOUT HOME INSTITUTION**

This box is filled out by the International Coordinator.

**2. STUDENT**

This box is to be completed by the student. Enclose official Ladok transcripts (registreringsintyg + studieintyg) to your application, including full details of previous and current studies of higher education. You can get the transcripts from:

<https://www.student.ladok.se/student/app/studentwebb/>
If you are missing credits (högskolepoäng) please explain why.

**3. FUNDING**

This box is to be completed by the student. Indicate if you have already studied abroad with an Erasmus grant.

**4. LANGUAGE SKILLS**

This box is to be completed by the student. You will be expected to have proficiency in the language used for tuition (English) in the host institution and you will gain most benefit from your exchange if you have some proficiency in the country’s native language.

**5. REASON FOR APPLICATION AND AREA OF STUDY**

This box is to be completed by the student. Motivate why you would like to study abroad.

**6. LIST OF UNIVERSITIES**

This box is to be completed by the student. Indicate where and when you would like to go on an exchange.

**7. DESCRIPTION OF COURSE AT HOST INSTITUTION**

This box is to be completed by the student. List the courses you wish to study during your exchange studies.

**8. STUDENT UNION PARTICIPATION**

This box is to be completed by the student. Please list information, if any, on student union assignments at the SEDU (Försvarshögskolan). Please enclose a signed certificate from the SEDU student union. Such assignments could for example include membership/ deputy membership of the board of the student union at the SEDU (Försvarshögskolan), participation in any of the decision making bodies of SEDU, student ambassador, official SEDU-ambassador at the Pride festival.

**9. ADDITIONAL INFORMATION**

This box is to be completed by the student. If you are not a programme student, you should list your study plan until graduation. If you have any other additional information that you would like to add, you can write it here.

**10. SIGNATURE**

This box is to be completed by the student. The student sends the signed application to:

exhange@fhs.se