

APPLICATION FORM FOR TRAINEESHIP SPRING TERM 2020

Please use CAPITAL LETTERS if you fill out the form by hand

Academic year 2019/2020
Study programme or course

1. INFORMATION ABOUT HOME INSTITUTION	
Home institution Swedish Defence University	
Erasmus ID code S STOCKHO21	Phone number +46 8-55342639
Coordinator Carin Jutterström	Fax
E-mail carin.jutterstrom@fhs.se	

2. STUDENT		
Family name		First name(s)
Date of birth	Age	Place of birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Nationality
Current address (from -to)		Permanent address (if different)
Phone number		E-mail

<i>Please attach a transcript including full details of previous and current studies of higher education.</i>
List the course/courses you are registered on this term (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 to traineeship

3. PREVIOUS EXCHANGE

Have you already studied abroad with an Erasmus grant?

No Yes for studies Yes for traineeship

If yes, please state year and educational level (Bachelor or Master level)

Please state number of months for previous exchange period

If yes for traineeship, please state year and number of months for previous traineeship period

4. LANGUAGE SKILLS

Mother tongue

Please indicate if you speak any other languages besides your mother tongue

1. 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 traineeship?

Yes

No

5. REASON FOR APPLICATION AND AREA OF TRAINEESHIP

Please explain why you wish to do a traineeship abroad and what area you wish to complete your traineeship in.

6. INFORMATION ABOUT HOST

Name in English (of Company/Organisation)	Country
Name in local language (of Company/Organisation)	
Name of contact person	
Email of contact person	
Phone number of contact person	
Number of employees at Host organisation	

7. ACADEMIC APPROVAL

Signature	Clarification of signature
Title/Function	Phone number
Email	Date

8. ADDITIONAL INFORMATION

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

9. SIGNATURE

Student

Date

Note: Letter of motivation (in English), CV, a current transcript of records from LADOK (download from the website: <https://www.student.ladok.se/student/loggain> attached to the application. Hand in the application, no later than December 10th 2019, to the reception in the main building of the Swedish Defence University. Please write this on the envelope:

Carin Jutterström
Forsknings-, utbildnings- och studentavdelningen
Application for Erasmus scholarship for traineeship

Please note that applications sent by email are not accepted.

COMPLETING THIS APPLICATION FORM

1. INFORMATION ABOUT HOME INSTITUTION

This box is to be completed by the International Coordinator.

2. STUDENT

This box is to be completed by the student. Enclose a Ladok transcript to your application, including full details of previous and current studies of higher education. You can get a Ladok transcript from <https://www.student.ladok.se/student/loggain>. Remember to write your name and personal code number (personnummer) in the e-mail. If you are missing credits (högskolepoäng) please explain why.

3. PREVIOUS EXCHANGE

This box is to be completed by the student. Indicate if you have already studied abroad or if you have been on a traineeship period 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 the traineeship 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 TRAINEESHIP

This box is to be completed by the student. Motivate why you would like to do a traineeship in this area.

6. INFORMATION ABOUT HOST

This box is to be completed by the student. Indicate where and when you would like to do a traineeship abroad.

7. ACADEMIC APPROVAL

This box is to be completed by the director of studies (if you are a programme student) /course director (if you are registered to a freestanding course).

8. 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.

9. SIGNATURE

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

Carin Jutterström
Forsknings-, utbildnings- och studentavdelningen
Försvvarshögskolan
Box 27 805
115 93 STOCKHOLM

Please note that applications sent by e-mail are not accepted.