



Grant Agreement for Erasmus+ traineeship

Sending Institution: University of Gävle / S GAVLE01 / Kungsbäcksvägen 47, 801 76 Gävle, Sweden

Represented by: Elin Anttonen, International Coordinator

Student

Name:

Date of Birth:

Address:

E-mail:

Phone:

Sex (M/F):

Nationality:

Study Cycle (Bachelor/Advanced):

Academic year: 20 /20

Number of completed higher education years:

Subject area:

Student with:

- a financial support from Erasmus+ EU funds
- a zero-grant
- a financial support from Erasmus+ EU funds and a zero-grant
- the financial support includes special needs support

Bank Account of Student

Bank account number:

Clearing/BIC/SWIFT number:

Bank name:

Bank account holder (if different than student):

The Exchange

Receiving Institution:

Start of internship: 20 / /

The exchange stops: 20 / /

Annexes to this agreement are;

Learning Agreement

General Conditions

Erasmus Student Charter

The annexes can be found at the www.utbyten.se.

Signatures

The student,

signature and name in printed letters:

Sending Institution,

signature and name in printed letters:
