

# DUO-SWEDEN FELLOWSHIP PROGRAM

*Application for academic year 2020/21*

*Do not write in the box immediately below.*

ID number	DS2020-	Date of submission	
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HOME INSTITUTION (in SWEDEN)			
Name of Institution			
1) CONTACT PERSON <i>(should not be same as the information of the person of exchange)</i>			
Surname		Given name	
Position		Department	
Address			
	Country : SWEDEN	Zip Code	
Tel		E-Mail	
2) INFORMATION ON THE PERSON OF EXCHANGE			
Surname		Given name	
Date of Birth		Gender	
Nationality			
Applying field of study	<input type="checkbox"/>	Language & Literature	Current Major
	<input type="checkbox"/>	Social Science (Business)	
	<input type="checkbox"/>	Engineering	
	<input type="checkbox"/>	Natural Science	
	<input type="checkbox"/>	Fine Arts	
	<input type="checkbox"/>	Others (pls. specify):	
Grade (or how many years in attendance)		ECTS	
	If applicant is a graduate student, click in a <b>Graduate</b> box. (DO NOT select grade)		
Tel		E-Mail	

HOST INSTITUTION (in Asian Country)				
Name of Institution				
1) CONTACT PERSON <i>(should not be same as the information of the person of exchange)</i>				
Surname		Given name		
Position		Department		
Address				
	Country :	Zip Code		
Tel		E-Mail		
2) INFORMATION ON THE PERSON OF EXCHANGE				
Surname		Given name		
Date of Birth		Gender		
Nationality				
Applying field of study	<input type="checkbox"/>	Language & Literature	<input type="checkbox"/>	Language & Literature
	<input type="checkbox"/>	Social Science (Business)	<input type="checkbox"/>	Social Science (Business)
	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Engineering
	<input type="checkbox"/>	Natural Science	<input type="checkbox"/>	Natural Science
	<input type="checkbox"/>	Fine Arts	<input type="checkbox"/>	Fine Arts
	<input type="checkbox"/>	Others (pls. specify):	<input type="checkbox"/>	Others (pls. specify):
Grade (or how many years in attendance)		ECTS	* Please convert total credit to ECTS upon your grading system. * Total credit should include credits earned until fall semester 2019.	
If applicant is a graduate student, click in a <b>Graduate</b> box. (DO NOT select grade)				
Tel		E-Mail		
Confirmation on Agreement with Host Institution				
I, the contact person in the home institution, hereby confirm that the persons to be exchanged and the contact person in the host institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate)			YES	

\* If not applicable, please mark "N/A".

DESCRIPTION OF EXCHANGE PROGRAM						
	From HOME to HOST Institution		From HOST to HOME Institution			
Type Of Exchange	STUDENT	<input type="checkbox"/>	Undergraduate	STUDENT	<input type="checkbox"/>	Undergraduate
		<input type="checkbox"/>	Graduate		<input type="checkbox"/>	Graduate
Duration Of Exchange	Applying UNIT	1 Semester		Applying UNIT	1 Semester	
	Starting Date			Starting Date		
	Ending Date			Ending Date		
PURPOSE OF EXCHANGE						
STUDENT	<input type="checkbox"/>	Transfer of Credits				
	<input type="checkbox"/>	Others:				
<i>IF THIS APPLICATION IS FOR A STUDENT-EXCHANGE, PLEASE ANSWER BELOW:</i>						
FROM HOME TO HOST INSTITUTION: How many ECTS for transfer?			Please put only "number" (Example: Not 30 ECTS but only 30)			
FROM HOST TO HOME INSTITUTION How many ECTS for transfer?			Please put only "number" (Example: Not 30 ECTS but only 30)			
If your purpose of exchange is other than Joint/Double Degree, Transfer of Credit, Lecture, or Research, please specify in detail:						

## EXCHANGE DETAILS

DESCRIBE STUDENTS' CLASS SCHEDULE DURING EXCHANGE

*(This will be closely examined at the stage of selection by the Selection Committee. Language training course ONLY is not acceptable. Any change in course schedule should be duly reported to the Secretariat for approval.)*

Class Schedule of the Swedish Student:

Name of Subject	ECTS	Comments if necessary
Total		

The contact person at Home institution, hereby confirm that the exchange period at Host Institution is eligible for the student (from Sweden) as full time study for one semester and that the home institution shall give full recognition for the period spent abroad.

YES

Class schedule of the Asian student:

Name of Subject	ECTS	Comments if necessary
Total		

The contact person at Host institution, hereby confirm that the exchange period at Home Institution is eligible for the student (from Asia) as full time study for one semester and that the host institution shall give full recognition for the period spent abroad.

YES

**\*\*CERTIFICATION OF AUTHENTICITY**

I hereby certify on my honor that the information provided in this application is correct and complete. Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the award.

Date:

(Name/Signature) Contact Person of Home Institution:

(Name/Signature) President or Director of Home Institution:

Official Stamps of Home Institution

- Please upload the MOU agreement between two universities
- Please upload the copies of passport of two students
- Please upload the transcripts of two students

*\*\* Authorized signature and official stamp are required after selection is made. There is no need for signature and stamp during application procedure.*