### **DUO-SWEDEN FELLOWSHIP PROGRAM**

##  *Application for academic year 2023/24*

*Do not write in the box immediately below.*

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| --- | --- | --- | --- |
| ID number | DS2023- | Date of submission  |   |

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| **HOME INSTITUTION (in SWEDEN)** |
| Name of Institution |  |
| **1) CONTACT PERSON** *(should not be same as the information of the person of exchange)* |
| Surname |  | Given name |  |
| Position |  | Department |  |
| Address |  |
| Country : SWEDEN City : Zip Code |
| Tel |  | E-Mail  |  |
| **2) INFORMATION ON THE PERSON OF EXCHANGE**  |
| Surname | *(As written on passport)* | Given name | *(As written on passport)* |
| Date of Birth  | *(As written on passport)* | Gender | *(As written on passport)* |
| Nationality | *(As written on passport)* |
| Applying field of study |  | Language & Literature | Current Major |  | Language & Literature |
|  | Social Science (Business) |  | Social Science (Business) |
|  | Engineering |  | Engineering |
|  | Natural Science |  | Natural Science |
|  | Fine Arts |  | Fine Arts |
|  | Others (pls. specify): |  | Others (pls. specify):  |
| Grade (or how many years in attendance) |   | ECTS | *\*Please put the total earned ECTS as written on the transcript* |
| If applicant is a graduate student, click in a **Graduate** box. (DO NOT select grade)  |
| Tel |  | E-Mail |  |
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| **HOST INSTITUTION (in Asian Country)** |
| Name of Institution |  |
| **1) CONTACT PERSON** *(should not be same as the information of the person of exchange)* |
| Surname |  | Given name |  |
| Position |  | Department |  |
| Address |  |
| Country : City : Zip Code |
| Tel |  | E-Mail |  |
| **2) INFORMATION ON THE PERSON OF EXCHANGE** |
| Surname | *(As written on passport)* | Given name | *(As written on passport)* |
| Date of Birth  | *(As written on passport)* | Gender | *(As written on passport)* |
| Nationality | *(As written on passport)* |
| Applying field of study |  | Language & Literature | Current Major |  | Language & Literature |
|  | Social Science (Business) |  | Social Science (Business) |
|  | Engineering |  | Engineering |
|  | Natural Science |  | Natural Science |
|  | Fine Arts |  | Fine Arts |
|  | Others (pls. specify): |  | Others (pls. specify): |
| Grade (or how many years in attendance) |   | ECTS | \**Please convert the total completed credit to ECTS upon the institution’s conversion rate.* *(ex) 1credits=1.5 ECTS)*  |
| If applicant is a graduate student, click in a **Graduate** 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”*.

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| **DESCRIPTION OF EXCHANGE PROGRAM** |
|  | From **HOME** to **HOST** Institution | From **HOST** to **HOME** Institution |
| Type Of Exchange | STUDENT |  | Undergraduate | STUDENT |  |  Undergraduate |
|  | Graduate |  |  Graduate |
| Duration Of Exchange | Applying UNIT | 1 Semester | Applying UNIT | 1 Semester |
| Starting Date |  | Starting Date |  |
| Ending Date |  | Ending Date |  |
| **PURPOSE OF EXCHANGE** |
| STUDENT |  | Transfer of Credits |
|  | Others: |
| *IF THIS APPLICATION IS FOR A STUDENT-EXCHANGE, PLEASE ANSWER BELOW:* |
| FROM HOME TO HOST INSTITUTION: | Please put only “number” (Example: Not 30 ECTS but only 30) |
| How many ECTS for transfer? |  |
| FROM HOST TO HOME INSTITUTION | Please put only “number” (Example: Not 30 ECTS but only 30) |
| How many ECTS for transfer? |  |
| 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 |

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