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## **DUO-SWEDEN FELLOWSHIP PROGRAM**

Application for academic year 2024/25

Do not write in the box immediately below. DS2024-Date of submission ID number 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 Zip Code City: E-Mail Tel 2) INFORMATION ON THE PERSON OF EXCHANGE (As written on passport) Given name (As written on passport) Sumame (As written on passport) Date of Birth Gender (As written on passport) (As written on passport) Nationality Language & Literature Language & Literature Social Science (Business) Social Science (Business) Engineering Engineering Applying field of Current Major Natural Science study Natural Science Fine Arts Fine Arts Others (pls. specify): Others (pls. specify): Grade **ECTS** <Guldelines>Please check the Grade (currently enrolled academic \*Please put the total earned ECTS as year as of 2024 spring semester). If applicant is a graduate (master) written on the transcript student, click in a Graduate box. (DO NOT select grade) E-Mail

	HOST IN	NSTITUTION (in A	Asian Countr	y)	
Name of Institution					
1) CONTACT PER	RSON (should not be same a	as the information of	the person of ex	change)	
Surname			Given name		
Position			Department		
Address	Country : Cit	y: 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	Social Science (Busin Engineering Natural Science Fine Arts Others (pls. specify):	ness)	Current Major	Social S Enginee Natural Fine Art	Science
Grade			ECTS	*Please con	vert the total completed
year as of 2024 spring	check the Grade (currently er semester). If applicant is a g duate box. (DO NOT select g	graduate (master)		1	TS upon the institution's te.
Tel			E-Mail		
0		CL U			
I, the contact person i	Agreement with Host In the home institution, hereby titution are all aware and agriate).	y confirm that the pe			

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

		DESCRI	PTION OF EXC	HANGE PROGRA	M		
	From HOME to HOST Institution			From I	HOME Institution		
Type Of Exchange	STUDENT		ergraduate duate	STUDENT		ergraduate duate	
	Applying Ul	IT 1 Seme	ester	Applying UNIT	1 Semester		
Duration Of	Starting Da			Starting Date			
Exchange	Ending Date			Ending Date			
			PURPOSE OF	EXCHANGE			
		Transfer of Credits					
STUDENT Others:		Others:					
IF THIS APP	LICATION IS	FOR A STUDENT-EX	CHANGE, PLEAS	E ANSWER BELOW:			
FROM HOME TO HOST INSTITUTION: How many ECTS for transfer?				Please put only "number" (Example: Not 30 Ed only 30)		(Example: Not 30 ECTS but	
FROM HOST				Please put only "number" (Example: Not 30 ECTS but			
How many E	CTS for trans	er?		only 30)			
*							

	EXCHANGE DETAILS			
DESCRIBE STUDENTS' CLASS SCHEDULE (This will be closely examined at the stage not acceptable. Any change in course sche Class Schedule of the Swedish Student:	e of selection by the Selection Co.	managed and a second and a second and	course ONLY is	
	ECTS	Comments if wassess		
Name of Subject	2015	Comments if necessary		
Total				
The contact person at Home institution, he eligible for the student (from Sweden) as full give full recognition for the period spent abroa	time study for one semester and that		YES	
Class schedule of the Asian student:				
Name of Subject	ECTS	Comments if necessary	cessary	
Total				
The contact person at Host institution, her eligible for the student (from Asia) as full time			YES	
full recognition for the period spent abroad.		o nost mostason ordal givo		

## \*\*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 institutions
- Please upload the copies of passport of two students
- Please upload the transcripts of two students

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