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| **[Fakultet/Institution/centrumbildning]** | 202x-xx-xx |

**INFORMATION FOR SCHOLARSHIP HOLDER**

**Name:**

**Date of birth/Personal number:**

**Department:**

**Scholarship:**

**Assignment:**

X is not here to work, but to learn andimprove his/ her research**.**

**Contact Person SLU:**

**From date:**  xxxx-xx-xx

**To date:** xxxx-xx-xx

**Weekly working hours:** xx

**Leave:** xx days per year

**Stipend (payed as a grant):** xx SEK/Month or xxx xxx SEK for two years

**Benefits:** Wellness allowance and computer glasses

# **Insurance:** Insurance for foreign visitors, Kammarkollegiet

**Signature 1 Signature 2**

xxxx-xx-xx xxxx-xx-xx