

Department of Meteorology

# APPLICATION FORM FOR EXCHANGE STUDENTS AT THE DEPARTMENT OF METEOROLOGY, STOCKHOLM UNIVERSITY

#### Application for

$\square$	Autumn	semester	20xx
	1 Iutumm	semester	LOAA

Spring semester 20xx

Academic year 20xx/20xx

1. Home University				
Name of sending institution:				
Erasmus code (if applicable):				
Exchange programme:				
Coordinator/Departmental contact person				
Name:				
Address:				
Phone:	Telefax:			
E-mail:				

2. Student Personal Details				
Name:	Gender:			
Address:				
Date of Birth:	Phone:			
E-mail:				



## 3. Academic Background

Main field(s) of study:

Number of study years completed at the time of application:

Degree for which I am currently studying:

## 4. Language Proficiency

Mother tongue:

Language of instruction at sending institution:

If you have prior knowledge of Swedish, please attach supporting documents.

## **5. Required Documents**

In order for your application to be processed, the following supporting documents **must** be enclosed:

Transcript of academic records (signed and authorized by sending institution)

Statement of purpose/motivation letter (maximum one page)

### 6. Where to Send the Application

Anna-Karin Waldau, Department of Meteorology, Stockholm University

#### 106 91 Stockholm, Sweden

Or email to studievagledare@misu.su.se



# 7. Study Plan at Stockholm University

Course code Course title

ETCS/Credits

#### 8. Student's signature

Signature:

Date:

#### Signature on behalf of Home University

I hereby certify that this student has been selected by his/her home institution to participate in the exchange programme with Stockholm University and that his/her application is complete. Furthermore, I certify that the student's proposed study plan is approved and that the courses applied for will be recognized

Name:

Date:

Status of representative:

Signature: