NOTIFICATION OF INTEREST FOR TRAINEESHIP

 *Please use CAPTIAL LETTERS if you fill out the form by hand*

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| Academic year: |
| Study programme or course: |

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| **1. INFORMATION ABOUT HOME INSTITUTION** |
| Home institution Swedish Defence University |
| Erasmus ID code S STOCKHO21 | Phone number +46 8-55342639 |
| Coordinator Carin Jutterström |  |
| E-mail carin.jutterstrom@fhs.se |

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| **2. STUDENT** |
| Family name | First name(s) |
| Date of birth | Age  | Place of birth |
| Gender[ ]  Male [ ]  Female [ ] Other | Nationality |
| Current address (from -to) | Permanent address (if different) |
| Phone number  | E-mail |

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| *Please attach a transcript including full details of previous and current studies of higher education.* |
| List the course/courses you are registered on this term(name of course(s), number of credits, university)1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specify the diploma/degree for which you are currently studying(Higher Education Diploma, Bachelor degree or Master degree) |
| Number of study years of higher education prior to traineeship  |

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| **3. PREVIOUS EXCHANGE** |
| Have you already studied abroad with an Erasmus grant?[ ]  No [ ]  Yes for studies [ ]  Yes for traineeship  |
| If yes, please state year and educational level (Bachelor or Master level) |
| Please state number of months for previous exchange period |
| If yes for traineeship, please state year and number of months for previous traineeship period |

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| **4. LANGUAGE SKILLS** |
| Mother tongue |
| Please indicate if you speak any other languages besides your mother tongue1. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited 2. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited 3. Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fluent [ ]  Good [ ]  Moderate [ ]  Limited  |
| Will you, if necessary, study the language of the host institution before the traineeship?[ ]  Yes[ ]  No |

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| **5. REASON FOR APPLICATION AND AREA OF TRAINEESHIP** |
| Please explain why you wish to do a traineeship abroad and what area you wish to complete your traineeship in. |

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| **6. INFORMATION ABOUT HOST** |
| Name in English (of Company/Organisation) | Country |
| Name in local language (of Company/Organisation |
| Name of contact person |
| Email of contact person |
| Phone number of contact person |
| Number of employees at Host organisation |

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| **7. ACADEMIC APPROVAL**  |
|  |  |
| Signature | Clarification of signature |
| Title/Function | Phone number |
| Email | Date  |

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| **8. ADDITIONAL INFORMATION** |
| If you are not a programme student, please list your study plan until graduation from the Swedish Defence University. |

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| **9. SIGNATURE** |
| Student | Date |

Note: Letter of motivation (in English), CV, a current transcript of records from LADOK (download from the website: <https://www.student.ladok.se/student/loggain> attached to the application. Please email the notification of interest no later than December 10th, to exchange@fhs.se and please send a signed copy to:

Carin Jutterström

Forsknings-, utbildnings- och studentavdelningen

Försvarshögskolan

Box 278 05

115 93 Stockholm

**COMPLETING THIS APPLICATION FORM**

**1. INFORMATION ABOUT HOME INSTITUTION**

This box is to be completed by the International Coordinator.

**2. STUDENT**

This box is to be completed by the student. Enclose a Ladok transcript to your application, including full details of previous and current studies of higher education. You can get a Ladok transcript from <https://www.student.ladok.se/student/loggain>

Remember to write your name and personal code number (personnummer) in the e-mail. If you are missing credits (högskolepoäng) please explain why.

**3. PREVIOUS EXCHANGE**

This box is to be completed by the student. Indicate if you have already studied abroad or if you have been on a traineeship period with an Erasmus grant.

**4. LANGUAGE SKILLS**

This box is to be completed by the student. You will be expected to have proficiency in the language used for the traineeship in the host institution and you will gain most benefit from your exchange if you have some proficiency in the country’s native language.

**5. REASON FOR APPLICATION AND AREA OF TRAINEESHIP**

This box is to be completed by the student. Motivate why you would like to do a traineeship in this area.

**6. INFORMATION ABOUT HOST**

This box is to be completed by the student. Indicate where and when you would like to do a traineeship abroad.

**7. ACADEMIC APPROVAL**

This box is to be completed by the director of studies (if you are a programme student) /course director (if you are registered to a freestanding course).

**8. ADDITIONAL INFORMATION**

This box is to be completed by the student. If you are not a programme student, you should list your study plan until graduation. If you have any other additional information that you would like to add, you can write it here.

**9. SIGNATURE**

This box is to be completed by the student. The student sends the signed application to:

Carin Jutterström

Forsknings-, utbildnings- och studentavdelningen

Försvarshögskolan

Box 27 805

115 93 STOCKHOLM

And a signed copy by email to: exchange@fhs.se