

Student Exchange

Personal Information

First name _____ City of residence _____
Family name _____ E-mail _____
Male Female Date of Birth _____ Country _____
Home Address _____

Banking Details

SWIFT/BIC code _____ IBAN number _____
Name of the bank _____
Address of the bank _____

Educational Information

Semesters studied _____
Home institution _____

Exchange Information

Host institution _____
Period of exchange in months (min. 2 months) _____ Autumn semester Spring semester
Date _____

I bind myself to repay the grant if I do not complete the study period.

Confirmation by the home institution

Name of the Professor _____
Signature of the Professor _____ Date _____
Name of the Co-ordinator _____
Signature of the Co-ordinator _____ Date _____

Confirmation by the host institution

Name of the Co-ordinator _____
Signature of the Co-ordinator _____ Date _____

To be filled in electronically, printed out, signed by all parties and sent scanned to KUNO Secretariat: kuno@lhi.is