

Agreement of studies or internship abroad
- a document for insurance purposes -

The undersigned parties hereby agree that the following student

Name

E-mail

Address

Date of birth (year/month/day)

Study programme/course

Faculty

will study or do an internship/thesis within his/her study programme abroad at
University/company

Address

during the period of

From (year/month/day)

To (year/month/day)

will be awarded _____ ECTS credits. IMPORTANT: In order for the student-ut
insurance to be valid you need to have at least 1 ECTS credit.

Study Counselor/Programme director
Linköping University

Date and place

Signature

Name/phone

Faculty

Position

Representative for the receiving
university/organisation

Date and place

Signature

Name/phone

Organisation

Position

The terms and conditions of the Student-UT insurance provided by Kammarkollegiet
are available at: [Kammarkollegiet/Student-ut](#)