

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

The undersigned parties hereby agree that the following student

Name

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E-mail

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Address

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Personal identity number (year/month/day-xxxx)

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Study programme/course

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Faculty

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

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Address

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during the period of

From (year/month/day)

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To (year/month/day)

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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

Representative for the receiving  
university/organisation

Date and place

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Date and place

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Signature

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Signature

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Name/phone

---

Name/phone

---

Faculty

---

Organisation

---

Position

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Position

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A copy of this agreement has to be sent to:

Linköping University  
International Office  
581 83 Linköping  
Sweden

or send by e-mail to: [student.ut@liu.se](mailto:student.ut@liu.se)

The student will receive an Insurance Certificate to the address indicated above.  
The terms and conditions of the Student-UT insurance provided by Kammarkollegiet  
are available at: [Kammarkollegiet/Student-ut](#)