



SCHOLARSHIP

Surname:	First name:	Swedish national registration number:
Street address:		Telephone no.:
Postcode and town:		Journal no.:
Department:		

This scholarship regards:

Undergraduate studies: <input type="checkbox"/>	Doctoral studies (complementary) <input type="checkbox"/>	Postdoc studies: <input type="checkbox"/>	
Date (YYMMDD - YYMMDD):		Amount: Choose in the drop-down menu	
Percentage:	Project:	Percentage:	Project:

For doctoral students only:

Name of external grant awarding body:
Amount paid by external awarding body:

Code of conduct:

I have received the code of conduct for a good work environment and understand what it entails. <input type="checkbox"/>
..... Date and signature scholarship holder

Signature:

The decision has been taken according to KI's scholarship regulation . <input type="checkbox"/>
The scholarship holder has not received a salary or fees from KI within a two year period prior to the first scholarship payment, with the exception of smaller amounts according KI's scholarship regulation . <input type="checkbox"/>
..... Date and signature head of administration
..... Date and signature supervisor
Approval of scholarship and payment decision: Date and signature head of department

Two master copies. One for the department's archiving together with enclosures according to "Checklista och ansvar i stipendieärenden" (only in Swedish) which can be found on the Staff portal page regarding Stipendier. One for the HR-department/salary unit.



SCHOLARSHIP

Affirmation

Scholarship holder

I hereby affirm that I have read and understood the scholarship regulations of Karolinska Institutet (KI) which I have got through together with the responsible teacher/supervisor and/or HR-officer.

I know what it means to be a scholarship holder at KI. I understand that I am not an employee and therefore do **not** have the same rights and obligations as employees.

I understand that my scholarship has been awarded for educational purposes. I also understand that in cases of negligence, such as failing to be present in accordance with the course syllabus/study plan, KI may withdraw scholarship funds that are yet to be not paid out.

Place and date: Signature scholarship holder:

Print name:

Teacher responsible for the course/supervisor and HR-officer at the department

We hereby certify that we have got through and talked about the rights and obligations etc. according to the scholarship regulations at KI together with the scholarship holder.

Place and date: Signature:

Namnförtydligande:

- Kursansvarig lärare (student på grundnivå eller avancerad nivå)
 - Huvudhandledare (doktorand med tilläggsstipendium)
 - Handledare (postdoktor)
-

Place and date: Signature:

Print name:

- HR-officer or corresponding person