**STUDENT MOBILITY  
CONFIRMATION OF RECEIPT OF A NORDPLUS HIGHER EDUCATION GRANT**

The original form should be kept at the home institution and a copy sent to the network coordinator. The grant will not be paid out before the form has been completed and signed.   
  
The most important general conditions are:

1. The grant is given only for recognized mobility activities within the Nordic/Baltic countries
2. The student has studied at least one academic year at the home institution (exception: Express mobility)
3. The exchange period is recognized as part of the study programme at the home institution

If these conditions are not fulfilled, part or the whole grant can be reclaimed.

**Academic year:**

**Network:**   
NordClassic (classical music)  NordPuls (jazz/pop/world music)    
Nordtrad (folk music)  NordOpera (opera)

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| **Name:** |  | **Age:** |  | **Gender:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality:** |  | **E-mail:** |  |

|  |  |
| --- | --- |
| **Home address:** |  |

|  |  |
| --- | --- |
| **Bank account (IBAN)** |  |

|  |  |
| --- | --- |
| **BIC/SWIFT code:** |  |
|  |  |
| **Home institution:** |  |

|  |  |
| --- | --- |
| **Study programme at home institution:** |  |

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| --- | --- |
| **Level of study (Bachelor/Master):** |  |

|  |  |
| --- | --- |
| **Study years at home institution before the exchange:** |  |

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| --- | --- |
| **Host institution/organisation:** |  |

|  |  |
| --- | --- |
| **Country:** |  |

|  |  |
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| **Duration of the exchange (full months and weeks)** |  |

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| --- | --- |
| **Time of the exchange:** |  |

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| In order to receive a Nordplus grant of |  | **EUR** I accept the following conditions: |

1. I will use the scholarship exclusively to cover costs of travel, board and lodging and possible language courses, all directly connected to my exchange studies in the Nordic/Baltic countries.
2. I agree to follow the confirmed study plan at my host institution.
3. If I cancel or interrupt my exchange, I agree to pay back the full or partial scholarship.
4. I agree to take out necessary insurances.
5. In order to recognize and register my exchange studies, I agree that it is my duty to ask for the transcript of records of my exchange studies at my host institution and submit it to my home institution as well as fill in necessary reports.

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| **Place and date:** |  | **Signature:** |  |