**STUDY EXCHANGE – APPLICATION FOR AN EXCHANGE GRANT**

**Academic Year** Choose an item.

The home institution will keep this form in its records. In normal circumstances, the payment of the grant is not possible before this form has been signed. The general conditions of the grant are:

* The student has completed at least one year of higher education studies prior to exchange period.
* The study period abroad lasts minimum 3 months, maximum 12 months.
* The home institution shall give full recognition of the studies completed abroad.
* The student doesn’t have to pay any tuition fees to the host institution.

In case these conditions are not fulfilled, the grant may be fully or partly recovered.

**Name of Student:** Click here to enter text.

**Personal Identity Code:** Click here to enter text.

**Student Number:** Click here to enter text.

**Nationality:** Click here to enter text.

**Gender:** Choose an item.

**Address:** Click here to enter text.

**Email address (in use!): ­­­­­­­­­­­­­­­­­­­ ­**Click here to enter text.

**Phone number:** Click here to enter text.

**IBAN:** Click here to enter text.

**BIC:** Click here to enter text.

**Degree Programme:** Choose an item. **Full years of study prior to exchange:** Choose an item.

**Receiving Institution:** Click here to enter text. **Host Country:** Click here to enter text.

**Exchange Period:** Click here to enter a date. **to** Click here to enter a date.

**Language of study abroad:** Click here to enter text.

I accept an exchange grant of 620 EUR / monthly and agree to the following conditions:

1. I will use the grant only to cover travel, subsistence, accommodation and language preparation expenses of the student exchange.
2. I will follow the approved study plan (Learning Agreement), and do equivalent of min 4 ECTS per month.
3. If I cancel or interrupt studies in the host institution, I will refund the full grant or a part of it.
4. I will take out a necessary insurance policy.
5. After student exchange I will submit a report of my exchange period, a transcript of records of the host institution and a confirmation of stay to my home institution.
6. 80 percent of the grant will be paid to me before the start of my study period and the remaining 20 percent once I have submitted the final report, a transcript of records and a confirmation of stay to my home institution.

I assure that I have not given any false information when applying for the grant.

**Place and Date Student’s Signature**

Click here to enter text.sign after printing

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**STUDY EXCHANGE – LEARNING AGREEMENT**

##### Academic Year Choose an item.

##### Degree Programme: Choose an item.

**Name of Student:** Click here to enter text.

**Sending Institution:** Centria University of Applied Sciences

**Country:**  Finland

**DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

**Receiving Institution:** Click here to enter text.

**Country:** Click here to enter text.

**Start Date:** Click here to enter a date.

**End Date:** Click here to enter a date.

add rows when necessary

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| **Course Unit Code** | **Course Unit Title** | **Semester** | **ECTS Credits** |
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| Student’s Signature: sign after printing | Date: Click here to enter a date. |

#### **SENDING INSTITUTION**

#### We confirm that the learning agreement is accepted.

|  |  |
| --- | --- |
| Academic Coordinator’s Signature | Institutional Coordinator’s Signature |
| Click here to enter text. | **Peter Finell**, International Relations Manager |
| Date: | Date: |

#### **RECEIVING INSTITUTION**

#### We confirm that the learning agreement is accepted.

|  |  |
| --- | --- |
| Academic Coordinator’s signature | Institutional Coordinator’s Signature |
| Click here to enter text. | Click here to enter text. |
| Date: | Date |

**study exchange – Final report form**

***Narrative final report from the returning student from a study period to the home higher education institution.***

**0. Identification of the Home and Host Institution**

**Name of the home higher education institution**: Centria University of Applied Sciences

**City, country:** Kokkola, Finland

**Name of the host higher education institution**: Click here to enter text.

**City, country:** Click here to enter text.

**1. Identification of the Student**

**Your name (family, given):** Click here to enter text.

**Your gender:** Choose an item.

**Subject area of your degree/major:** Click here to enter text.

**Your email address:** Click here to enter text.

**I agree that my email address may be later used to contact me:** Choose an item.

**2. Study Period and Motivation**

**Dates of study period abroad:** Click here to enter a date. **to** Click here to enter a date.

**In which year/at which level where you during your study abroad:**

Choose an item. Choose an item.

**Do you consider the study period/duration to have been:** Choose an item.

**Which were the factors which motivated you to go abroad?**

Academic Choose an item.

Cultural Choose an item.

Live in a foreign country Choose an item.

Practice a foreign language Choose an item.

Friends living abroad Choose an item.

Career plans/enhance future employment prospects Choose an item.

International experience Choose an item.

Be independent/self-reliant Choose an item.

Other (please specify) Click here to enter text.

**3. Academic Quality**

**How do evaluate the quality of the professors and other teachers at your host institution?**

Scale 1-5: 1=poor/negative, 5=excellent Choose an item.

**How do you evaluate the quality of the courses you took and study material you received at your host institution?** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**4. Information and Support**

**How did you get information about the study programme of the host institution?**

Home institution Choose an item.

Host institution Choose an item.

Other students Choose an item.

Former participants Choose an item.

Internet Choose an item.

Other (please specify) Click here to enter text.

**How useful was this information?** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**On your arrival at the host institution, were you offered:**

A welcome event Choose an item.

An information session Choose an item.

An orientation programme Choose an item.

A language module/course Choose an item.

**Were any other special events organised for exchange students in the host institution** **during your stay?** Choose an item.

**Did you receive adequate support from your host and home institution before and during your study period?**

Scale 1-5: 1=poor/negative, 5=excellent

Home institution: Choose an item.

Host institution: Choose an item.

**How do you consider your degree of integration with local students in the host institution?**

Scale 1-5: 1=poor/negative, 5=excellent Choose an item.

**5. Accommodation and Infrastructure**

**Your type of accommodation at host institution:**

University accommodation Choose an item.

Apartment or house together with other students Choose an item.

Private housing Choose an item.

Other (please specify) Click here to enter text.

**How did you find your accommodation?**

University service Choose an item.

Friends/family Choose an item.

Private market Choose an item.

Internet Choose an item.

Other (please specify) Click here to enter text.

**Access to libraries, study materials:** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**Access to PC and e-mail in host institution:** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**6. Linguistic Preparation**

**Language(s) of instruction in the host institution:** Click here to enter text.

**Was language preparation provided?** Choose an item.

**If yes, who organised the language course(s)?**

Home institution Choose an item.

Host enterprise/organisation Choose an item.

Other (please specify) Click here to enter text.

**Duration of language training**

Total number of weeks Click here to enter text.

Hours per week Click here to enter text.

**How would you rate your competency in the language of your host country?**

Scale 1-5: 1= no knowledge, 5= very good

Before the study period: Choose an item.

After the study period: Choose an item.

**Were the courses you took at least partially taught in English?** Choose an item.

**7. Academic Recognition**

**Did you and your home and host institution sign a Learning Agreement prior to the commencement of your study period?** Choose an item.

**Did you sit exams?** Choose an item.

**Will you gain academic recognition for your study period abroad?** Choose an item.

**Will you get credits for completing language courses?** Choose an item.

**8. Costs**

**How much was your grant per month (EUR):** Click here to enter text.

**Average costs per month during your period abroad (EUR):** Click here to enter text.

**To what extent did the grant cover your needs?** Choose an item.

Scale 1-5: 1=not at all, 5=full**y**

**When did you receive your grant (multiple answers are possible)?**

Prior to your stay Choose an item.

At the beginning of your stay Choose an item.

In the middle of your stay Choose an item.

At the end of your stay Choose an item.

After your stay Choose an item.

**Did you have other sources of funding?**

State grant Choose an item.

State loan Choose an item.

Private grant(s) Choose an item.

Private loan Choose an item.

Family Choose an item.

Own savings Choose an item.

Other sources (please specify) Click here to enter text.

**Amount of the other sources in total per month (EUR):** Click here to enter text.

**How much more did you spend abroad compared to what you normally spend in the country of your home institution?** Extra amount per month (EUR): Click here to enter text.

**Did you have to pay any kind of fees in host institution?** Choose an item.

**If yes, please state the type and amount (EUR) paid:** Click here to enter text.

**9. Your Personal Experience – Overall Evaluation of Study Period**

**Judgement of academic outcome of the study period:** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**Judgement of personal outcome of the study period:**

Scale 1-5: 1=poor/negative, 5=excellent

General judgement: Choose an item.

Intercultural skills: Choose an item.

Linguistic skills: Choose an item.

Self-reliance: Choose an item.

Independence: Choose an item.

Self-awareness: Choose an item.

**Did you encounter any serious problems during the study period?** Choose an item.

**If yes, please specify:** Click here to enter text.

**Which aspects of the study period did you particularly appreciate?**

Academic Choose an item.

Cultural Choose an item.

Live in a foreign country Choose an item.

Practice a foreign language Choose an item.

Friends living abroad Choose an item.

Career plans/enhance future employment prospects Choose an item.

International experience Choose an item.

Be independent/self-reliant Choose an item.

Other (please specify): Click here to enter text.

**Are you more likely to consider working in another country after graduation as a result of your experience?** Choose an item.

**Do you think the study period will help you in your career?** Choose an item.

Scale 1-5: 1=not at all, 5=very much

**Do you think the study period will help you in finding a job?** Choose an item.

Scale 1-5: 1=not at all, 5=very much

**Overall evaluation of your study period:** Choose an item.

Scale 1-5: 1=poor/negative, 5=excellent

**Recommendations to other students concerning information, application procedures etc.:**

Click here to enter text.

**Are you willing to help outgoing or incoming students with your exchange experience?**

Choose an item.

***Please return this report in pdf format to the International Coordinator in your unit at the end of your study period abroad.***

**CONFIRMATION OF STAY**

**It is hereby certified that**

**Mr / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**was an exchange student at**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**in the department(s) of**

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day month year day month year

**TRANSCRIPT OF RECORDS**

**(Please choose one)**

1. **Has been given to the student.**
2. **Has been sent to the home institution of the student.**
3. **Will be sent to the home institution of the student.**

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**Date Stamp and Signature**

**Name of the Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDY EXCHANGE – TERMINATION OF EXCHANGE**

**Academic Year** Choose an item.

**Name of Student:** Click here to enter text.

**Personal Identity Code:** Click here to enter text.

**Student number:** Click here to enter text.

**Nationality:** Click here to enter text.

**Gender:** Choose an item.

**Address:** Click here to enter text.

**Email address (in use!): ­­­­­­­­­­­­­­­­­­­ ­**Click here to enter text.

**Campus at Centria:** Choose an item.

**Degree Programme:** Choose an item.

**Receiving Institution:** Click here to enter text. **Host Country:** Click here to enter text.

**Termination Reason:** Choose an item.

**Termination Date:** Click here to enter a date.

**Exchange Period:** Click here to enter a date. **to** Click here to enter a date.

**Attachments:**

Provide the following attachments with your termination notice:

1. Personal letter stating your reason for terminating the exchange. Please be specific!
2. If the termination is due to medical reasons, provide a statement from a doctor stating that you cannot continue your exchange due to medical reasons.
3. Any other documentation that is relevant for the termination of your exchange.

**By signing the document, I accept that I may be required to repay the entire exchange grant, or part thereof.**

**Place and Date Student’s Signature**

sign after printing

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Send all the documentation electronically to Peter Finell ([peter.finell@centria.fi](mailto:peter.finell@centria.fi)) and a copy to the International Coordinator in your degree. IMPORTANT! Send the original documentation to:

**Centria University of Applied Sciences**

**International Office**

Talonpojankatu 2

67100 Kokkola

FINLAND

A decision regarding repayment of the exchange grant will be made within three months of receiving all the necessary documentation. If you are required to repay the entire exchange grant, or part thereof, a bill will also be sent to you.