



# Declaration of Received Information about Scholarship Regulations and Insurance Queries

Swedish personal ID no/D.O.B.:	
Scholarship holder:	Country of residence:
Department at LTH:	Email:
Research subject:	Main supervisor:

The scholarship holder is informed:

- that the scholarship follows regulations established by the University Vice-Chancellor (PE 2017/409).
- that the scholarship is intended for the holder's own educational/professional development and does not constitute remuneration for work or services that have been carried out or will be carried out on behalf of the University.
- that the scholarship nor the additional scholarship gives any entitlement to sickness benefit, parental allowance, holiday pay or pension.
- that the host faculty/department and the scholarship holder shall draw up a study plan in writing.
- about the funding, length of stay, social conditions, and additionally a continuous review of the scholarship holder's progress.
- about the insurance covering the scholarship holder and the responsibility to check his/her own insurance needs.
- that the scholarship holder should be treated equally to students/researchers in the same situation but with different sources of funding.
- that the scholarship holder should be assured and contributing to a good working environment.

Scholarship is paid directly to the holder:	Amount/month:
Additional scholarship:    YES            NO	Amount/month:

Decision made by (Dean or delegated to Head of Department)

Position:	Printed name:
	Date:
Signature: _____	

The above conditions are accepted of the scholarship holder:

Printed name:
Signature: _____

The scholarship holder sends the completed form to:  
Lunds Tekniska Högskola, "Disputationer" (HS 55)  
LTHs Kansli,  
Box 118,  
221 00 LUND