**APPLICATION FORM – STIMULATORY FUNDS FOR INTERNATIONAL COLLABORATION**

**The application concerns collaboration within**

[ ]  Coimbra Group

[ ]  Matariki Network of Universities

[ ]  SANORD

[ ]  U4

[ ]  The Guild

**Contact details for the applicant**

Name:

Department:

Email:

**1. 1. Summary of the activity that is to be funded, incl. dates. Enclose programme, invitation etc.**

**2. 2. Collaborative partners** (name, position, university)

**3. 3. Desired sum** (must follow instructions for flat rate)

**4. 4. Bank account information** (specify the project account that the desired sum is to be transferred to)

**NOTE: The form must be signed by both the applicant and the head of department/equivalent (see next page).**

**Signature, applicant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (head of department/equivalent)**

The head of department must authorize, by signing:

* That the activity will be carried out
* That co-financing of any costs not included in the flat rate is guaranteed by the department

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed form to be sent via email to:

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Matariki torsten.blomkvist@uadm.uu.se

SANORD ulrica.ouline@uadm.uu.se

U4 oskar.pettersson@uadm.uu.se

The Guild anders.jonsson@uadm.uu.se



