|  |  |
| --- | --- |
| **Student Life and International Mobility** | |
|  | *Visiting address*  Houtlaan 4  6525 XZ Nijmegen  *Mailing address*  P.O. Box 9102  6500 HC Nijmegen  ru.nl/radboudinternational studentexchange@ru.nl |
| **Letter of Approval**  **Student details** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name(s) and surname** |  | | | |
| **Student number** |  | | | |
| **Requested scholarship** | |  |  | | --- | --- | |  | ITG Research | |  | Medical internship grant | |  | Short Stay grant | |  | Conference grant | | | | |
| **Destination** | City |  | Country |  |
| **Period of stay abroad[[1]](#footnote-1)** | from [day/month/year] ….…................…. till [day/month/year] ………..................… | | | |
| **Number of ECTS to be awarded[[2]](#footnote-2)** |  | | | |
| **Relevance of the project abroad for the student’s study programme at RU** |  | | | |

**Approved by**

|  |  |  |
| --- | --- | --- |
| **Faculty** | Select faculty... | |
| **Department** |  | |
| **Signature:** | | |
| **Name:** | | **Date:** |

1. Dates of study-related mobility abroad excluding travel for personal purpose [↑](#footnote-ref-1)
2. Not applicable for conference grant requests [↑](#footnote-ref-2)