|  |
| --- |
| **Student Life and International Mobility** |
|  | *Visiting address*Houtlaan 46525 XZ Nijmegen*Mailing address*P.O. Box 91026500 HC Nijmegenru.nl/radboudinternationalstudentexchange@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)