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| Name: | |
| Personal identity number: | |

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| Name of host university | |
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I wish to study within the following subject areas during the exchange period at the host university:

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| 1. | |
| 2. | |

Area of specialisation at Lund University, *if applicable*:

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Specify the courses you wish to be admitted to at the host university. For information, see the host university's website. If the information is unavailable, please explain on a separate sheet of paper how you intend to organise your study programme.

| Department: | Name and code of the course for the first semester: | Credits at host university: | Credits at Lund University: |
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| Department: | Name and code of the course for the second semester: | Credits at host university: | Credits at Lund University: |
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I wish to have my credits transferred to Lund University (mark with X):

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| 1. Within a programme: | | 2. As free standing courses: | |
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Name of your international coordinator and department at Lund University

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| Name: | | Department: | |
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