



Swedish Council for
Higher Education

Application for contribution to participant with disabilities

Linnaeus-Palme

One form per participant.

Application for staff

Application for student

Applying higher education institution

UHR's reference for existing granted project

Responsible contact person at applying higher education institution

Participant's date of birth (year-month-day)

Date of exchange

Required support for participant to be able to complete the exchange

The higher education institution has investigated and documented the need for extra support for the participant together with coordinator for disabilities.

YES

Does anyone provide the support today?

If yes, who provides the support

If no, clarify why the support is needed during the exchange

State the additional costs in connection with the exchange

Specify the amount the institution is applying for (SEK)

 **It is hereby certified that the stated information is truthful and complete.**

Signature, responsible contact person for granted Linnaeus-Palme project

Signature

Printed name

Date and location

Signature, responsible employer representative (only for participating staff)

Signature

Printed name

Date and location

Signature, coordinator for disabilities at the higher education institution (only for student exchange)

Signature

Printed name

Date and location