



## Registration Outgoing Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Personal Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Semester: Autumn \_\_\_\_\_ Spring \_\_\_\_\_ Whole Year \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Exchange: Erasmus + \_\_\_\_\_ Bilateral \_\_\_\_\_ Other (please state): \_\_\_\_\_  
Type of organization: Business \_\_\_\_\_ University \_\_\_\_\_ Organization \_\_\_\_\_ Hospital \_\_\_\_\_  
Government organization \_\_\_\_\_ Embassy \_\_\_\_\_ School \_\_\_\_\_

Host organization name: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Programme at Karlstad University (Name and Ladok code): \_\_\_\_\_

Responsible department at Karlstad (Name and Ladok code): \_\_\_\_\_

Contact person at Karlstad: \_\_\_\_\_

Will the student be admitted to courses at Karlstad? : Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which courses at KAU: \_\_\_\_\_ Course Code: \_\_\_\_\_

If no, field of study at host university: \_\_\_\_\_

Signature KAU Contact: \_\_\_\_\_ Place / Date: \_\_\_\_\_

Print Kau contact name: \_\_\_\_\_

Signature Student: \_\_\_\_\_ Place / Date: \_\_\_\_\_

Please attach:

- Organization Contract / Agreement

*Student Centre, Karlstad University*

Entered in Ladok date: \_\_\_\_\_

Entered in Moveon, date: \_\_\_\_\_

Insurance Card, date: \_\_\_\_\_

*The signed form and supporting documents should be sent to the International Office no later than 3 weeks before the student departs.*