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| KI-Logo_pos_RGB(136-0-82) | **SCHOLARSHIP**2024-11-12  |

|  |  |  |
| --- | --- | --- |
| Surname      | First name      | Swedish national registration number      |
| Street address      | Telephone no.      |
| Postcode and town      | Journal no.      |
| Department      |
| **This scholarship regards** |
| Undergraduate studies [ ]  | Doctoral studies (complementary) [ ]  | Postdoc studies [ ] Decisions can only be made when the person in question has completed their dissertation/equivalent |
| Date (ÅÅMMDD - ÅÅMMDD)      -       | The amount is regulated by KI:s guidelines, for now:      SEK  |
| Percentage      | Project      | Percentage      | Project      |
| **For doctoral students only**  |
| Name of external grant awarding body      |
| Amount paid by external awarding body      |
| **Signature:** |
| The decision has been taken according to [KI’s scholarship regulation](https://staff.ki.se/media/550/download) [ ] The scholarship holder has not received a salary or fees from KI within a two year period prior to the first scholarship payment, with the exeption of smaller amounts according [KI’s scholarship regulation](https://staff.ki.se/media/550/download) [ ]  |
| ………………………………………………………………………………………………….Date and signature head of administration |
| ………………………………………………………………………………………………….Date and signature immediate superior (manager) |
| **Approval of scholarship and payment decision**………………………………………………………………………………………………….Date and signature head of department |
| **Two master copies**. One for the department’s archiving together with enclosures according to [Checklista och ansvar i stipendieärenden](https://medarbetare.ki.se/media/562/download) (only in Swedish). One for the HR-department/salary unit. |



**Affirmation**

**Scholarship holder**
I hereby affirm that I have read and understood information about [scholarships](https://staff.ki.se/scholarships) and what it means to be scholarship holder at Karolinska Institutet (KI) which I have received by the responsible teacher/supervisor and/or HR partner.

I know what it means to be a scholarship holder at KI. I understand that I am **not** an employee and therefore do not have the same rights and obligations as employees.

I understand that my scholarship has been awarded for educational purposes. I also understand that in cases of negligence, such as failing to be present in accordance with the course syllabus/study plan, KI may withdraw scholarship funds that are yet to be not paid out. I am aware that payment of KI-scholarship can be changed due to adjusted income conditions for me. In that case I must inform both the supervisor and the administrative manager.

I have received the code of conduct for a good work environment and understand what it entails.

Place and date: Signature scholarship holder:

Printed name:

**Teacher responsible for the course/supervisor and HR partner at the department**

We hereby certify that we have got through and talked about the rights and obligations etc. according to the information on the staff portal about [scholarships](https://staff.ki.se/scholarships) at KI together with the scholarship holder.

Place and date: Signature:

Printed name:

[ ]  Course coordinator (undergraduate and advanced level student)

[ ]  Principal supervisor (doctoral student with complementary scholarship)

[ ]  Supervisor (postdoctoral student)

Place and date: Signature:

Printed name:

[ ]  HR partner or corresponding person