# Visiting Scholar Agreement

**Planned period of the PhD stay abroad**   
  
From date…………………To date…………..…………………………….

Duration:…………………………

Visiting Institution /Country:..................................................................

**PhD Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| E-mail |  | Academic year |  |
| PhD Programme |  | Centre |  |
| Home institution | VID Specialized University, Pb 184 Vinderen, NO-0319 Oslo | | |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Faculty/ Department |  | | |
| Address |  | Country |  |
| Contact person name and position |  | Contact person e-mail/ phone |  |

**PROPOSED PhD STAY ABROAD**

Main subject field: …………………………………………………………………………………………………….

|  |
| --- |
| Overall objective of the stay: |

**COMMITMENT OF THE PARTIES**

By signing this document, the PhD student and the receiving institution confirm that they agree on the proposed stay, and dates.

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Place, date, signature PhD Student

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Place, date, contact person receiving institution