

Agreement on field study guidance

This is to certify that I, the undersigned, assume the below mentioned responsibilities as contact for

Name of student:	Field study period (dates):
Responsibilities	
 Inform the student of the security situation in the country, specifically in the field study region. Introduce the student to authorities, institutions and persons who may be of help. Assist the student with practical and administrative arrangements related to the field study. Please note that 1) by signing this document you consent to the storage of your contact details by Mid Sweden University. The storage and use is for administrative purposes only. 2) the role as a contact person for the student is unpaid. Any expense incurred shall be agreed upon with the student in advance. 	
Your name	Job title
City	Postal code
State/Province	Country
Telephone	Email
Organisation (if applicable)	
Please indicate which of the two alternative that applies to you:	
☐ I hereby confirm that I am entitled to represent the above-mentioned organisation in my role as contact for the student.	
☐ I do not represent an organisation	
Signature of field study contact	Date and place

If you have questions, please contact International Relations Office at Mid Sweden University email: maria.fredlund@miun.se, phone: +46101427942 or internationaloffice@miun.se