

This application must be sent to:
 KTH, Royal Institute of Technology
 School of Information and Communication
 Technology
 Mrs. Cristina La Verde
 Isafjordsgatan 39, Forum 105
 SE-164 40 Kista
 Sweden



Photo

EXCHANGE STUDIES AT KTH - APPLICATION FORM Engineering and Science

Application deadline: **15 April** for the autumn semester / academic year
15 October for the spring semester

APPLICANT'S PERSONAL DETAILS

Family name González Escudero		ACADEMIC YEAR 08/09
First name(s) Alberto		Date of Birth (year, month, date) 1986-12-18
E-mail address albgonzalez@gmail.com		Citizenship Spain
Alternative e-mail address alberto@dat.etsit.upm.es		Gender Male
Telephone number +00 34 ●●●●●	Mobile phone number +00 34 ●●●●●	Name of parent(s), guardian(s) or next of kin
Address for correspondence C/a		Phone to the person named above +00 34 ●●●●● / +00 34 ●●●●●
Street/PO Box ●●●●●●●●●●		Contact details for parent(s), guardian(s) or next of kin
City, Postal code 28035 Madrid		●●●●●●
Region/State Madrid		●●●●●●●●●●
Country Spain		●●●●●●

HOME UNIVERSITY

Home institution UPM - Escuela Técnica Superior de Ingenieros de Telecomunicación		
Country: Spain		
Field of study	Contact person at home institution Alberto Almendra	
Communications	E-mail address socrates@etsit.upm.es	
Number of years of previous university studies 4	Telephone +00 34 91 336 7268	Fax +00 34 91 336

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KTH Application Form for Exchange studies

Applicant González Escudero, Alberto	Ref No. AY08●●●	Home University UPM - Escuela Técnica Superior de
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PROPOSED STUDIES AT KTH, ENGINEERING and SCIENCE

Academic school at KTH ICT	Intended period of stay at KTH From 2008-08-01 Until 2009-06-30
Form of studies Double degree studies (also see the attached learning agreement)	For thesis option; contact person at KTH (if available) Department: Name:
Intensive Swedish language course (free of charge) Aug: Swedish 1, Elementary level	

APPLICATION FOR ACCOMMODATION AND ACCEPTANCE OF RULES

I have read the information and regulations concerning student accommodation provided by KTH. I accept that I will be charged 1 – 2 month's rent if cancellation is not done according to the regulations. That is: a con-firmed cancellation from KTH Accommodation 1 – 2 months prior to the start of the rental period.

APPLICATION FOR ACCOMMODATION: **Yes**
Rental period: **2008-08-01 - 2009-06-30**

SIGNATURE OF APPLICANT

I herewith declare that all statements given in this form are correct and complete. I also agree that the above information is submitted in a computer database.

Date and place _____ Applicant's signature _____

APPLICATION APPROVED BY THE HOME INSTITUTION

Applications without an official signature from the home university coordinator will not be processed.

Exchange programme:
 Erasmus Double Degrees Nordplus Bilateral agreement GE4
 Linnaeus-Palme Magalhães/SMILE Other _____

Signature of the responsible coordinator	Date and place
Name of signatory:	Institutional Stamp

DIRECTIONS AND INFORMATION

You do not need to submit this page with your application. Keep them for future reference.

Application deadline is 15 April / 15 October.

By this date the applications shall have reached KTH. You should allow 1 – 4 weeks for postal delivery.

Please enclose with your application form

✓ Transcript of records from your home university

✓ Photo

Send the application directly to *your contact* at KTH. The address is written on the first page of the application form. If the application is sent to any other contact person at KTH, this could delay and endanger your acceptance as an exchange student.

Letter of Acceptance

A formal letter of acceptance, duly signed by the KTH Official, will be sent to accepted students in end of May/early June.

Useful websites

Information for exchange students about studies at KTH:

www.kth.se/studies/exchange?l=en

KTH Accommodation

www.kth.se/studies/exchange/accommodation?l=en

Student visa and residence permit

www.migrationsverket.se/english.jsp

Stockholm

www.studyinstockholm.se/

www.stockholmtown.com/

LEARNING AGREEMENT

FOR EXCHANGE STUDENTS

ACADEMIC YEAR 08/09

KTH School:ICT

Name of student: Alberto González Escudero
Sending institution: UPM - Escuela Técnica Superior de Ingenieros de Telecomunicación
Erasmus ID Code: E MADRID05
Country: Spain

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: **KTH, Royal Institute of Technology (S STOCKHO04)**
Country: Sweden

Course code	Name of the course	ECTS credits
- DS1511	Swedish 2, Advanced Beginners Level	7,5
- DS1521	Swedish 3, Intermediate Level	7,5
- DS1531	Swedish 4, Advanced Level	7,5
- IL2206	Embedded Systems	7,5
- IV1200	System Modelling and Simulation	7,5
- IT2651	Microwave Engineering	7,5
- IL2207	System-On-Chip Architectures	7,5
- EQ2410	Advanced Digital Communications	6
- EQ2400	Adaptive Signal Processing	6
- IK2502	Wireless Networks	12
- IL2205	Applied Signal Processing	7,5

Student's signature

Date:

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

Name of student: Alberto González Escudero

Sending institution: UPM - Escuela Técnica Superior de Ingenieros de Telecomunicación

Country: Spain

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

Student's signature

.....Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

Date: Date:

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

Date: Date: