Universitets- och högskolerådet

Avsiktsförklaring/Letter of Intent

We*:

(fill in the name of your school/institution/organisation)

hereby confirm our participation in the Atlas programme

together with*:

(fill in the name of the Swedish school)

during the following time period*:

(fill in month and year of planned activity. Dates must be within valid project period)

Name of legal representative at school/institution/organisation below*:

Physical signature below*

_____

**all fields must be filled in correctly*

If the application concerns Atlas planning (Atlas planering) or Atlas partnership (Atlas partnerskap), I/we confirm that we will take active part in the cooperation to reach the goals and objectives of the project.

If the application concerns Atlas Vocational Training (Atlas praktik), I/we guarantee that participating students receive qualitative vocational training in consultation with my/our Swedish partner school.