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EUROPEAN INTERDISCIPLINARY
MASTER AFRICAN STUDIES



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EIMAS Scholarship Agreement

Name: _____
Place and date of birth: _____
Nationality: _____
E-mail: _____
Study period: from (YYYY) _____ to (YYYY) _____

I hereby declare not to have already benefited from a previous EMJMD scholarship or an Erasmus Mundus Master Course / Joint Doctorate scholarship.

I commit to not benefit from another EU funded scholarship scheme to follow the same EMJMD course for the entire period of the course.

The financial support shall be repaid by myself in case of fraud or false declaration.

Date, Signature