



Report of attendance

Provided information for payment of supervisor fees for workintegrated learning.

Högskolan Kristianstad

291 88 Kristianstad

044-20 30 00

www.hkr.se

Name of student: _____

Name of course: _____

Course code: _____

Dates of attendance: _____

Name of school: _____

School address: _____

Schools webpage: _____

Name of supervisor: _____

Supervisors email address: _____

Kristianstad University makes the payment of supervisory fees to the school who received student, not to an individual supervisor. Please note that the below bank details must be to the **school**.

Bank information to the school:

Name of account holder: _____

Name of bank: _____

BIC/SWIFT code: _____

IBAN, account number: _____