

Reference number

APPLICATION FOR ADMISSION TO POSTGRADUATE RESEARCH EDUCATION

1 To be completed by the applicant

To institution (or equivalent)	
Scientific Area	University

Personal Details

Surname, Given name (other first names should be given as initials)	Personal number (birth date -year, -month, -day, -number)
Home address	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Town, Post code	Telephone number - including area code
Previous surname (if applicable)	

Education being applied for

Subject and specific area	Examination <input type="checkbox"/> Licentiate <input type="checkbox"/> Doctor (PhD)
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Details of Previous Degrees

Swedish University Degree	Year, month	University
Non-Swedish University Degree	Year, month	Country

Relationship to other Swedish or Non-Swedish University

Relationship to another University, (if applicable, state which)	Country
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Signature

Date	Signature
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EVIDENCE OF ACCEPTANCE

2 To be completed by the institution (or equivalent)¹

<input type="checkbox"/> Application rejected	Date	Signature of the Dean (or equivalent)
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Accepted to studies for <input type="checkbox"/> Licentiate <input type="checkbox"/> Doctor (PhD) <input type="checkbox"/> Doctor (PhD) later stage ²	Starting date for research education
Subject and specific area	Scientific Area
Main Supervisor (title, institution)	Other supervisors (title, institution)
Other institutions involved (if not mentioned above)	Any other information
Date	Signature of the Dean (or equivalent)

- 1) The institution (or equivalent) must ensure that the student has completed the application fully and that the conditions for acceptance have been met.
- 2) To be checked by students who have completed a licentiate and now wish to continue to doctorate level. Applies only to students who have previously been accepted to studies for a licentiate.

Acceptance entered in Ladok	Date	Signature
Other	Date of cancellation of registration	Signature