

Diariennr etc.

APPLICATION FOR ADMISSION TO POSTGRADUATE STUDIES

1 For the student

To the head of department (or equivalent)/the board of department
University/higher education institution

Personal data (please print)

Surname, given name (other names designate with initial)	Personal identity number (Year, Month, Day, Checksum ¹)
Home address	Sex <input type="checkbox"/> Woman <input type="checkbox"/> Man
Postcode, postal address	Telephone number including exchange code
Former surname, if any	e-mail

Studies intended by application

Subject, specialization if any	Degree <input type="checkbox"/> Licentiate degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Doctoral degree second half ²
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Information about Swedish or foreign basic degree/higher education

Swedish basic degree	Year, month, day	University/higher education institution
Foreign basic degree	Year, month, day	Country

Connection to other Swedish or foreign university/higher education institution

If any present connection to other university/university college, specify	Country
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Signature

Date	Own signature
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FORMAL DECISION

2 For the department (equivalent)³

<input type="checkbox"/> Application rejected	Date	Signature by head of department (equivalent)
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Admitted to studies towards <input type="checkbox"/> Licentiate degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Doctoral degree second half ²	Start date for studies
Subject, specialisation if any	
Principal supervisor (title, department)	Assistant supervisor (title, department)
Participating departments (if more than mentioned in application)	Other information
Date	Signature by head of department (equivalent)

1) If you do not have a Swedish personal identity number, please write 001M for men and 002K for women.

2) Only for students previously admitted towards a licentiate degree.

3) The department is asked to verify that the student's application is complete and admission requirements are fulfilled.

Admission registered	Date
	Signature