

APPLICATION FOR ADMISSION TO DOCTORAL STUDIES

Dnr/ref nr _____

For the student

Civic registration number/Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname		First name	
Home address		C/o	
Postal code	Postal address	Phone	
E-mail		Affiliation to another higher education institution	

Undergraduate programme

Degree	Date
University	Country

Studies intended by application

Department	Faculty	
Subject	Change of subject <input type="checkbox"/>	

Applicant's signature	Date
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For the Department

Decision

Admitted to subject	Ladok Code	Start of studies, date	Semester
Faculty		Principal supervisor	
Assistant supervisor		Doctoral school	
Other departments concerned		Admitted to <input type="checkbox"/> Degree of doctor <input type="checkbox"/> Degree of licentiate <input type="checkbox"/> Degree of doctor after degree of lic.	

Application agreed Application rejected

Signature, Head of Department	Date
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Notes	Non-completion, date	Signature
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Institutionen (motsvarande) avgör om denna blankett eller annan ska användas.

Institutionen (motsvarande) skall kontrollera att den studerande lämnat fullständiga och riktiga uppgifter i ansökan samt att behörighetsvillkoren för antagning är uppfyllda.

Originalen arkiveras av institutionen och en kopia lämnas till den sökande tillsammans med information från Studentkåren.