

Date:
Reg. No.:



THE SAHLGRENKA ACADEMY
INSTITUTE OF NEUROSCIENCE AND PHYSIOLOGY

Application for a scholarship at undergraduate/advanced level

at the Department of

Research subject/project:

.....

Your name in full:

Swedish personal identity number, coordination number or date of birth:

.....

Email address:

Current home address:

.....

During the scholarship period I am a registered student at:

.....

(Name of university)

Have you received a scholarship from the University of Gothenburg before?

.....

If yes, when? For what period/periods?

.....

Have you been employed by the University of Gothenburg before? At what institute? For what

period/periods?

.....

.....

Please enclose CV
 Letter of motivation
 Registration certificate