



**THE SAHLGRENKA ACADEMY  
INSTITUTE OF MEDICINE**

**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?  
.....

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

To be eligible for a scholarship at undergraduate or advanced level you must be a registered student at the University of Gothenburg, other Swedish university or an international university with which the University of Gothenburg has a collaboration agreement.

Please attach a copy of your registration certificate with your application. The certificate must demonstrate that you are a registered student throughout the scholarship period.

Please enclose: CV  
Letter of motivation  
Registration certificate