



**THE SAHLGRENKA ACADEMY**  
**INSTITUTE OF CLINICAL SCIENCES**

**Application for a scholarship at undergraduate/advanced level**

at the department of .....

Research subject .....

Project .....

.....

Name in full .....

Date of birth/social security no .....

Address .....

.....

I am a registered student at

.....

(name of university or equivalent)

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

.....

If yes, when? For which period? .....

Have you been employed by the University of Gothenburg before,  
at what institute? for which period?

.....

.....

Please enclose      CV  
                         Letter of motivation  
                         Student registration certificate