



**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