



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?

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If yes, when? For which period?

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

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Please enclose CV
 Letter of motivation
 Student registration certificate