**SUBSCRIPTION AND FUNDING PLAN FOR ADMISSION TO DOCTORAL EDUCATION AT UMEÅ UNIVERSITY**

**1) Doctoral Student**

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| Family name      |
| First name      |
| Date of birth      | Date of admission      | Have read and understood rules and guidelines\*[ ]  Yes  |

\*This refers to the faculty guide to doctoral studies at Aurora and rules and routines at the respective department

**2) Department and Intended Degree**

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| Main department at which you enroll as a doctoral student      |

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| Other department(s) with which you are associated      |

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| Specify association:Main departmentOther department(s) | 1 (   )%2 (   )% 3 (   )% 4 (   )% |

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| Department(s) from which thesis is to be issued      |

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| Doctoral studies subject area      |

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| Intended degree[ ]  Doctorate [ ]  Licentiate |
| Type of doctorate/licentiate[ ]  Medical Science [ ]  Dental Science [ ]  Science [ ]  Philosophy [ ]  Science in Business and Economics [ ]  Legal Science |

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| Are you/have you been admitted to doctoral education at another higher education institution?[ ]  Yes [ ]  No |
| If yes, specify institution, faculty (if any) and department, as well as year of admission. Copy of admission notice, information regarding principal supervisor and individual study plan to be attached to application.      |

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| Association (if any) with doctoral school, specify which      |

**3) Supervision and Examination**

**Principal Supervisor**

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| Name      | Academic title      |
| Department/unit, address      |
| Employment title and employer      | Docent/Reader/Associate prof.[ ]  Yes, year      [ ]  No |
| Has completed formal supervisor education[ ]  Yes [ ]  No | Have read and understood rules and guidelines\*[ ]  Yes  |

**Assistant Supervisor**

|  |  |
| --- | --- |
| Name      | Academic title      |
| Department/unit, address      |
| Employment title and employer      | Docent/Reader/Associate prof.[ ]  Yes, year      [ ]  No |
| Has completed formal supervisor education[ ]  Yes [ ]  No | Have read and understood rules and guidelines\*[ ]  Yes  |

**Assistant Supervisor (leave empty if only one assistant supervisor)**

|  |  |
| --- | --- |
| Name      | Academic title      |
| Department/unit, address      |
| Employment title and employer      | Docent/Reader/Associate prof.[ ]  Yes, year      [ ]  No |
| Has completed formal supervisor education[ ]  Yes [ ]  No | Have read and understood rules and guidelines\*[ ]  Yes  |

**Reference person**

|  |  |
| --- | --- |
| Name      | Academic title      |
| Department/unit, address      |
| Employment title and employer      |

**Reference person (leave empty if only one reference person)**

|  |  |
| --- | --- |
| Name      | Academic title      |
| Department/unit, address      |
| Employment title and employer      |

\*This refers to the faculty guide to doctoral studies at Aurora and rules and routines at the respective department

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| Other supervision (e.g. mentor, external expert, supervisory group)      |

**4) Ethical Authorisation**

Ethical guidelines must be followed during all stages of doctoral education

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| [ ]  Ethical vetting to be completed[ ]  Ethical vetting completed and verdict of Regional Ethics Vetting Board attached[ ]  Ethical vetting not required (shortly explain why)      |

**5) Research Plan for Work on Thesis**

Give the project’s title, background, targets, methods and preliminary results, if any. An abstract of ½–1 page is to be written below and a more detailed research plan is attached, up to­­­ 10 pages.

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**6) Time and Funding Plan**

Doctoral education at Umeå University can be conducted either full time or part time in conjunction with other activities. In total a doctorate consists of 240 higher education credits, i.e. four years of full time study. A licentiate consists of 120 higher education credits, or two years of full time study. The individual study plan also contains a time and funding plan.

Account for how the education is to be financed (salary and running costs), basic provision plus parallel activity (if not in full time doctoral education). Account for activities in percent (research, teaching, courses, conferences etc). Specify when the mid-seminar and thesis defence are planned.

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| **Year 1**      |

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| **Year 2**      |

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| **Year 3**      |

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| **Year 4**      |

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| **Year 5**      |

**7) Explanation of admission to doctoral education limited to taking a licentiate degree**

According to the government bill ”*Den öppna högskolan*” (2001/02:15), it is important to avoid creating a two-stage model, i.e. one where students intending to take a doctoral degree are routinely admitted to licentiate studies with the possibility of subsequently be allowed to progress to studying for a doctorate.

Specify the reasons behind limiting doctoral education to a licentiate.

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**8) Appendices** (The following appendices must be attached)

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| [ ]  Doctoral student’s CV[ ]  Attested general entry requirements (international qualifications/documents to be translated into English or Swedish)Swedish)  |
| [ ]  Research plan | [ ]  Other appendix (if any):       |
| [ ]  Copies of existing ethical authorisation | [ ]  Other appendix (if any):       |
| [ ]  Attested supervisor education | [ ]  Other appendix (if any):       |

For students with international exams, the director pf studies together with the intended supervisor at the relevant department is to make an individual competence assessment. The assessment is to be approved by the department board/head of department. Documentation confirming approved assessment, as well as attested copies of qualifications, is to be attached.

**9) Signatures**

This document and its appendices are hereby approved in its entirety.

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| Signature (Doctoral Student) | Date | Clarification of signature      |

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| Signature (Principal Supervisor) | Date | Clarification of signature      |

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| Signature (Assistant Supervisor) | Date | Clarification of signature      |

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| Signature (Assistant Supervisor) | Date | Clarification of signature      |

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| Signature (Examiner) | Date | Clarification of signature      |

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| Signature (Head of Department) | Date | Clarification of signature      |

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| Signature (Clinical Manager)\* | Date | Clarification of signature      |

\* Clinical departments only