



Original to the applicant
1 copy to the department
1 copy to the dean's office

Date

1. To be completed by the applicant

To the Head of Department	Department
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Personal information

Applicant's name (last name, first name, and middle initial)	Date of birth (Year-Month-Day-Social Sec No.)
Street Address	Telephone number
Postcode, City	Citizenship

Studies intended by the application

Intended degree <input type="checkbox"/> 1. Doctoral degree <input type="checkbox"/> 2. Licentiate degree as a final exam <small>Admission for licentiate degree requires decision by the Faculty Board</small>
Subject

Connection to other university/college

Please specify if applicable (if you have studied at another university/college, please attach your certificates)

Signature

Date of application	Signature
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2. To be completed by the department

<input type="checkbox"/> The applicant fulfils the demands for general and specific eligibility according to the syllabus for the subject			
General university education, number of credits		Specific eligibility, number of credits	
Date of admission		Estimated starting term Fall 20 Spring 20	
Subject, specialization (if any)			
Main tutor	Position	Appointed "docent" <input type="checkbox"/> Yes <input type="checkbox"/> No	Department
Assistant tutor	Position	Appointed "docent" <input type="checkbox"/> Yes <input type="checkbox"/> No	Department
Assistant tutor	Position	Appointed "docent" <input type="checkbox"/> Yes <input type="checkbox"/> No	Department
Other department(s) involved (if any)			

Signature

Date	Signature of the Head of the Department
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Admission registered in Ladok

Date	Signature
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