

To
Linköping University
Department of Biomedical and Clinical Sciences
International coordinator
581 83 Linköping
SWEDEN

Application for research preparative scholarship

The applicant:

Name: _____

Birthdate: _____

Address: _____

E-mail: _____

Have you received any salary from Linköping University?

Yes No

Do you receive other scholarships at Linköping University?

Yes No

Have you received any other scholarship from Linköping University?

Yes No

Date/Signature

Appendix: Acceptance letter

Curriculum vitae with relevant copies of credentials

Short description of the research study plan provided by the supervisor including a list of literature

Copy of passport

Copy of residence permit (non-EU citizens)