

To: Lisa Dobrosch, International Coordinator BKV Division of Administrative Support (VS) Campus US, Building 511, floor 12

Application for Research Preparatory Scholarship

Name:	
Personal identity no:	
E-mail:	
Full address:	
Project title:	
Planned course start:	
Name of the supervisor:	

Have you, as an applicant, previously received any salary from Linköping University?

Do you, as an applicant, currently receive other scholarships from Linköping University?

Have you, as an applicant, previously received any other scholarships from Linköping University?

I hereby certify that I will not receive salary or compensation from Linköping University during the scholarship period.

Signature of the applicant

Annexes:

Admission Certificate CV/Resume and relevant degree certificates Programme syllabus including literature list (signed by the supervisor and the scholarship holder) Copy of passport (for foreign citizens without a Swedish personal identity number)

LINKÖPING UNIVERSITY DEPARTMENT OF BIOMEDICAL AND CLINICAL SCIENCES (BKV)