UPPSALA UNIVERSITET

Application form

Grants for research students at the Faculty of Medicine

Please print and submit the application form to your department.

First name:
Last name:
Personal identity number:
E-mail address:
Phone number:
Admitted as a research-level student in the department of:
Date of admission:
Supervisor:
Have you previously received funds from these grants? ◯ Yes If yes, how many times*? ◯ No
Planned level of activity (%) during the ongoing term:
Specify your main research area. Only one selection can be made. ◯ Cancer diseases ◯ Blood diseases / Rheumatic diseases ◯ Cardiovascular diseases ◯ Lung diseases ◯ Other:
Place and date:
Signature:

*Note that these grants for research-level students can only be obtained four times.