



UPPSALA
UNIVERSITET

APPLICATION FORM

Grants for research students,
Faculty of Medicine

Note: These grants for research level students can only be obtained four times!

Surname:

First name:

Civic reg number:

E-mail address:

Phone number:

Admitted as research level student at the Department of:

Date of admittance:

Supervisor:

Number of times you have previously received funds from these research level grants:

Planned level of activity (%) ongoing term:

Specify your main research area with an X. Only one selection must be made.

Cancer diseases

Cardiovascular diseases

Blood diseases / rheumatic diseases

Lung diseases

Other:

Place and date:

Signature:

Please print and submit to your department. For further instructions, see below.