**RESEARCH COURSE APPLICATION AND REGISTRATION**

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| --- | --- | --- | --- |
|  | Course name: | | |
|  | Year | Semester:  Spring  Fall |

*PERSONAL INFORMATION*

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| --- | --- | --- |
|  | Surname and given name | Civic registration number (year-month-day-xxxx) |
|  | E-mail address | Phone number |
|  | Full address | |

*ENROLLED AS A PhD STUDENT*

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| --- | --- |
|  | Higher education institution |
|  | Department/Institution/ School |
|  | Subject |

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|  | Additional comments |

If you are not admitted to a PhD program at JIBS, please enclose an extract from the study documentation system (Ladok) or a document verifying your admission to postgraduate studies at your home university.

*SIGNATURE*

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| --- | --- |
|  | Date |
|  | Name and Signature |

Scan and send this registration form to JIBS Research Team: [Jibs.Research@ju.se](mailto:Jibs.Research@ju.se)

You will receive an email with confirmation if you have been accepted to the course or not within a week after the application deadline.