**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

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