Särskilt tillstånd att läsa kurser på forskarnivå, för doktorand vid annat lärosäte, utan att vara antagen till Fo-studier vid KTH/  
***Special permission to attend third cycle courses for doctoral students from other universities who are not admitted to doctoral studies at KTH***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | Skolans diarienr | |
| Sökande/*Applicant* | | |  | | |  | |
| Tilltalsnamn/*Given name* | | | Efternamn/*Family name* | | | | |
|  | | |  | | | | |
| Bostadsadress/*Address* | | | | | | Personnummer/*Civic registration number* | |
|  | | | | | |  | |
| Postnummer/*Post code* | Ort/*City* | | | | | Kön/*Gender* | |
|  |  | | | | | **Kvinna*/Female***  **Man*/Male*** | |
| Telefon (även riktnummer)/*Phone (include area code)* | | | E-postadress/*E-mail address* | | | | |
|  | | |  | | | | |
| Hem Universitet/högskola (bestyrkt med kopia av intyg eller motsvarande) /*Home* *University or college (certified copy of the certificate or equivalent)* | | | | | Land (om annat än Sverige)/*Country (if not Sweden)* | | |
| **Ansökan avser kurser vid skola/*Application for courses at school*** | | | | | | | |
| Skola/*School* | | | | | | Kurskod/*Course code* | |
|  | | | | | |  | |
|  | | | | | |  | |
| Den sökandes namnteckning/*Applicant’s signature*  ………………………………………………………………………………………………………………………………………… | | | | | | Datum/*Date* | |
| Kursansvarig el. handledare/C*ourse coordinator or supervisor* | | | | | | | |
| Namn/*Name* | | | | | | | Avd. kod/*Division code* |
|  | | | | | | |  |
| Underskrift/*Signature*  ………………………………………………………………………………………………………………………………………… | | | | | | | |
|  | | | | | |  | |
|  | | | | | | | |
| **Gäller termin/*Valid from semester:*** | | | | | | | |
| Fr.o.m./*From semester* | | T.o.m./*To semester* | | Vid avdelning/*At* *division* | | | |
|  | |  | |  | | | |
| Ange ev samarbetsavtal/*Cooperation agreement if any* | | | | | | | |
|  | | | | | | | |
| Skolchef/el. motsvarande underskrift/*Signature Head of School (corresponding)*  Särskilt tillstånd 2021-11-18 | | | | | | Datum/*Date:* | |
| ………………………………………………………………………………………………………………………………………… | | | | | | Namnförtydligande/Clarification of signature | |

|  |  |
| --- | --- |
| **Registrering i Ladok/*Registration in transcript system*** | |
| Datum/*Date* | Namn/*Name* |

Ansökan insändes till AUA – Avdelningen för utbildningsadministration/VOS, *The application is to be filled out and sent to AUA- University Administration/VOS,* Brinellvägen 10.