#### Application for degree certificate

## Personal information

|  |  |
| --- | --- |
| Surname      | First name      |
| Civic registration number      | Telephone      |
| E-mail address      | Mobile number      |
| Street      | Postal code & city      |

**The certificate will be sent to the address stated below personal information.**

**The application relates to**

|  |  |
| --- | --- |
| [ ]   | Licentiate degree = 90 credits essay + 30 credits courses |
| [ ]  | Doctoral degree = 180 credits essay + 60 credits courses |
| [ ]  | Health and care sciences |
| [ ]  | Welfare and social sciences |
| [ ]  | Disability research |
| [ ]  | Other       |

**Main supervisor**

|  |  |
| --- | --- |
| Surname      | First name      |

The director and the research coordinator have together checked that all items in the individual study plan have been completed, that all courses have been completed and that the thesis has been approved.

|  |  |  |
| --- | --- | --- |
| **Doctoral student** |  | **Director** |
| Print name      |  | Print name      |
| Date      |  | Date      |
| Signature |  | Signature |

**Send the application to:**

The Research School of Health and Welfare

School of Health and Welfare

Box 1026

551 11 Jönköping

Sweden