**APPLICATION**

# Applicant

|  |  |
| --- | --- |
| Surname | First name |
| Address |
| Postal code | Postal address |
| Phone number | E-mail address |
| Accepted as a post-graduate at the Faculty of Law at Stockholm University (date) |

# Tutor

|  |  |
| --- | --- |
| Surname | First namn |
| Address |
| Postal code | Postad address |
| Phone number | E-mail address |

# About the research project

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| --- |
| Brief description of the research project (a more extensive description of the research project can be added in the appendix).  |

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| --- |
| Description of the research projects status (a more extensive description can be added in the appendix). |

Motivation etc.

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| --- |
| Amount applied for in SEK:  |

|  |
| --- |
| Description of what the applied means will finance. |

# Appendices

Specify down below which appendices, in addition to the mandatory, that is part of your application.

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| --- | --- |
| Copy of grades from Master of Laws (mandatory) | Appendix 1 |
| Information on admission regarding the postgraduate education (mandatory) | Appendix 2 |
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# Personal data etc.

The personal data that you submit in this application or is registered within the scope of the appointment procedure, will be processed by the person in charge of the personal data, the Foundation, to administer the appointment procedure.

The personal data may be complemented through gathering from private and public registers.

The personal data will be dispensed to HSA Söderqvist Advokatbyrå for stated reasons, to administer the appointment procedure on behalf of the Foundation. The information may be dispensed to authorities according to the General Data Protection Regulation (GDPR).[[1]](#footnote-1)

If you wish to obtain more information regarding the personal data that the Foundation or its assistant handles, you may send a written request undersigned to

Stiftelsen Independent

c/o HSA Söderqvist Advokatbyrå i Stockholm KB

Box 7836

103 98 Stockholm

To the address stated above you also write if you want to request a correction of inaccurate or incomplete personal record.

# Certification etc.

I comply to my personal data being processed as stated above.

By signing this application below I verify that the information left in this application is correct and that I am admitted as a postgraduate student at the Faculty of Law at University of Stockholm. If any information is incorrect, I undertake to, if the Foundation request it, repay what has been received.

|  |  |
| --- | --- |
| City and date | Signature |
| Clarification of signature print name |

The application shall be sent to the address stated below no later than **November 28, 2025**.

Stiftelsen Independent

c/o HSA Söderqvist Advokatbyrå i Stockholm KB

Box 7836

103 98 Stockholm

The application, including appendices, may be sent by e-mail to the address stated below.

Questions may be sent to Kristina Trana via e-mail kristina.trana@hsa.se or by phone,

+46 8 407 88 00.

Please submit your application!

1. Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). [↑](#footnote-ref-1)