٦



## **APPLICATION FOR NEW SALARY LEVEL** For holders of a doctoral studentship

	Personal id.number	Surname	First name
LUNDS UNIVERSITET			
	Int. mailing code	Address	
Department (equiv.)			
	Cost centre	Postal address	

Credits	Increase in SEK	New salary	As of (retroactive by 6 mån max.)	Remarks
60 credits				
120 credits				
180 credits				
Doktorsexamen (examensbevis bifogas)				Subject:

## Planned public defence of PhD thesis .....

Date	Supervisor signature/name in print	Date	Head of department/equiv. signature/name in print

## BESLUT, enligt delegation (ifylles alltid)

Lund University hereby de	ecides that	,having reached the next			
stage of third cycle studie	s with	credits, is to receive a monthly salary of SEK			
for full time work at the (year) sa					
Modified salary on the b	asis of salary rev	view after reaching the the next stage according to the above:			
As of the salary of SEK		per month of full time work is discontinued at the			
salary level.					
On behalf of the Univers	ity	Date			
Signature		Name in print			