


 Inkom utlandsmyndighet
 År, månad, dag

Application by students and doctoral students for:

Ärendenummer

☐ Visa for visitors

Dossiernummer

Sign

☐ Residence permit

☐ Work permit

Information about the requirements to receive a permit will be found on the Migration Board Web Site www.migrationsverket.se
 A special form must be used when applying for residence permit under the EEA Agreement.

1 Grounds for application

Please write clearly

- | | | |
|--|---|---|
| <input type="checkbox"/> Doctoral studies (D) | <input type="checkbox"/> Post-secondary studies (D) | <input type="checkbox"/> Upper secondary studies (DO) |
| <input type="checkbox"/> Folk high school studies (DO) | <input type="checkbox"/> Other studies (DO) | |

2 Period to which the application refers

<input type="checkbox"/> Temporary stay, dates (inclusive)		
<input type="checkbox"/> Prolongation of temporary stay, dates (inclusive)		
Date of entry into the Schengen states	Number of entries (1, 2 or multiple)	Duration of stay (number of days if your visit is 3 months or less)
Main destination in the Schengen states		Border of entry into the Schengen states
Date of exit from the Schengen states		

3 Personal particulars

Surname		Citizenship	
Surname at birth		Citizenship at birth	
Given names (in full)			
Date of birth (year, mth, day, ID digits - if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Military service <input type="checkbox"/> No <input type="checkbox"/> Yes, year	Co-applicants? <input type="checkbox"/> No <input type="checkbox"/> Yes (please look further at point 15)
Place of birth	Country of birth	Mother tongue	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed		Other languages	



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4 Passport etc.

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport	<input type="checkbox"/> Copy of passport attached	Passport no.	<input type="checkbox"/> No passport
Issued by			Date	Expiry date
Restricted right to return to the country of origin/domicile?			Dates (inclusive)	
<input type="checkbox"/> No <input type="checkbox"/> Yes, country:				
Permission to reside in another country?			Dates (inclusive)	
<input type="checkbox"/> No <input type="checkbox"/> Yes, country:				

5 Current home address

c/o	Street & no.	Tel. (private)
Post code & district/town	Country	Tel. (daytime)
E-mail address		

6 Permanent address

c/o	Street & no.
Post code & district/town	Country

7 Education provider in Sweden

Institution/School		
Contact	E-mail address	
Street & no.		Tel.
Post code & district/town		Fax

8 Previous place of education in Sweden

Previous place of education	Education	Dates (inclusive)

9 Previous visits in Sweden

<input type="checkbox"/> No <input type="checkbox"/> Yes, year:	Last date of entry
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10 Previous visits in the Schengen states

1. From - until and countries	2. From - until and countries
3. From - until and countries	4. From - until and countries

11 Husband/Wife/Partner – personal particulars

Surname	Surname at birth	
Given names (in full)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Citizenship	Citizenship at birth	
Current address (street & no., post code & district/town)		

12 Children – personal particulars**Number of children:**

Surname	Surname at birth	
Given names (in full)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Place/Country of residence	Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Citizenship	Citizenship at birth	

Surname	Surname at birth	
Given names (in full)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Place/Country of residence	Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Citizenship	Citizenship at birth	

Surname	Surname at birth	
Given names (in full)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Place/Country of residence	Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Citizenship	Citizenship at birth	



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13 Parents – personal particulars (only to be filled in if you are under 18 years)

Your father's surname		Surname at birth	
Given names (in full)		Date of birth (year, mth, day, ID digits - if any)	
Place/Country of residence		Child(ren) in Sweden <input type="checkbox"/> Yes, number:	Child(ren) in another country <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widower <input type="checkbox"/> Deceased			
Citizenship		Citizenship at birth	

Your mother's surname		Surname at birth	
Given names (in full)		Date of birth (year, mth, day, ID digits - if any)	
Place/Country of residence		Child(ren) in Sweden <input type="checkbox"/> Yes, number:	Child(ren) in another country <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow <input type="checkbox"/> Deceased			
Citizenship		Citizenship at birth	

14 Relatives in Sweden

Surname, given names	Relationship	Citizenship	Living in Sweden since (year)

15 Co-applicants (Each co-applicant must complete an application form.)

Name	Date of birth	Citizenship



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16 Further particulars

17 Please send notice of decision to

Diplomatic mission/Local office of the Migration Board
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18 Signature

I am applying for a Swedish residence permit. I solemnly confirm that the information I have supplied in the application papers is correct.	
<hr/>	<hr/>
Place and date	Signature (for minors, signature of the custodian/guardian)



Questionnaire

① Current employment in your country of domicile

Place of work	Occupation	Employed since
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② In what subject field do you intend to study in Sweden?

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③ What is the duration of the studies in Sweden?

④ What is the aim of your studies?

⑤ How will you finance your studies and living expenses in Sweden for the whole of the period planned?

⑥ What amount will be transferred to you monthly?

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7 Have you changed, or are you planning to change, the direction of your studies in Sweden?

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8 When are you planning to complete your studies here and leave Sweden?

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9 Have you been granted leave of absence/educational leave, and if so, for how long?

10 Will all members of your family be living here for the duration of your studies in Sweden?

<input type="checkbox"/> Yes	<input type="checkbox"/> No, the following will not be accompanying me:

11 If you have children living with you in Sweden, how are you preparing them for repatriation?



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Documents to be attached to this application

First-time application

- ☐ Copy of passport, showing your identity and citizenship and the passport expiry date
- ☐ Certificate of acceptance for studies
- ☐ Certificate of leave of absence/educational leave (where relevant)
- ☐ Certificate of your own banking assets, **or – if somebody else is going to support you –**
- ☐ Sponsor's guarantee and certificate of the sponsor's banking assets
- ☐ Permission from a central bank or the equivalent to bring out money from your country (where relevant)
- ☐ Certificate of scholarship award or student benefit from your country of domicile

Renewal application

- ☐ Copy of passport, showing your identity and citizenship and the passport expiry date
- ☐ Particulars of your study achievement, from the department, school etc.
- ☐ Certificate of continuing studies from the department, school etc.
- ☐ Bank statement, showing regular transfers of funds to yourself

Please put your receipt here