



## Application for application months

The following form is to be submitted electronically to [elin.hermansson@sam.lu.se](mailto:elin.hermansson@sam.lu.se) at the Faculty Office of the Faculty of Social Sciences, in connection with requests for professional development funding.

.....  
Applicant (title and name)

has submitted an application for one application month to

.....  
Department/Unit

The head of department's assessment is that the above person may be awarded possibly allocated resources during the period:

.....  
Specify months, semester, or academic year

.....  
Place and date

.....  
Head of department/equivalent

.....  
Printed name