

## Application for residence permit for students and doctoral students

Dosslnummer	Signatur
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This form is to be used by anyone who is applying for a permit to study in Sweden and who is a citizen of a country outside the EU/EEA area or Switzerland. Most applicants will be required to pay an application fee for the residence permit. Further information is available on our website [www.migrationsverket.se](http://www.migrationsverket.se).  
It is important that you enclose the correct appendix and the documents stated in each appendix.

**I am applying for a residence permit for studies at**

- university/college (D)  
 folk high school/upper secondary school/other school (DO)

**First-time application including Appendix A**

The application is for studies from 22.8.2008 to 27.6.2009  
 I expect to enter Sweden on 22.08.2008 and I plan to leave Sweden on 27.6.2009

**Extension of permit including Appendix B**

The application is for continued studies from ..... to .....  
 I plan to leave Sweden on .....

**Personal data**

Surname <b>SMITH</b>		Citizenship <b>USA</b>	
Given names (in full) <b>PAULA JANE</b>		Citizenship at birth <b>USA</b>	
Date of birth (yr, mth, day, ID digits- if any) <b>1991, 12, 24</b>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Co-applicants? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (co-applicants <u>must</u> submit an application of their own)	
Place of birth <b>BROOKLYN, NY</b>	Country of birth <b>USA</b>	Mother tongue <b>ENGLISH</b>	
Marital status <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow(er)		Other languages <b>List all languages you speak</b>	

\* Includes registered same-sex partner

**Passport etc.**

<input checked="" type="checkbox"/> National passport <input type="checkbox"/> Other passport (state type of passport) .....		Passport no. <b>123456789</b>
Passport issued by <b>US DEPARTMENT OF STATE</b>	Date of issue <b>15.03.2008</b>	Date of expiry <b>14.03.2018</b>
Restricted right of return to the country of origin/domicile? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, country:	If yes, give date from - until <b>leave blank</b>	
Permission to reside in another country? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, country:	If yes, give date from - until <b>leave blank</b>	

**Latest address in country of origin/country of domicile**

c/o <i>PAULA JANE SMITH</i>	Street & no. <i>123 your street</i>
Post code, city/town <i>BROOKLYN, NY, 11223</i>	Country <i>USA</i>
Email address <i>PJS@AOL.COM</i>	Telephone no. <i>(123)234-5678</i>

**Address in Sweden** *Your host family info. Leave blank if not yet available.*

c/o		Street & no.	
Post code, city/town		E-mail address	
Telephone no. (home)	Telephone no. (work)	Mobile phone no.	

**Previous contacts with/visits to Sweden** *Fill in as applicable*

Have you previously applied for a visa or residence permit to go to Sweden? <input type="checkbox"/> No <input type="checkbox"/> Yes, year .....	Have you previously visited Sweden? <input type="checkbox"/> No <input type="checkbox"/> Yes, year .....	Latest visit to Sweden? from.....until.....
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**Previous visits to the Schengen States** *Any trips to Europe*

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

**Husband/Wife/Partner – personal data**

Surname		Surname at birth	
Given names (in full)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yr, mth, day, ID digits- If any)
Citizenship		Citizenship at birth	
Address (post code, street & no., city/town, country)			

*leave blank*

**Children – personal data**

A. Surname, Given names	Date of birth (yr, mth, day, ID digits- If any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner
B. Surname, Given names	Date of birth (yr, mth, day, ID digits- If any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner
C. Surname, Given names	Date of birth (yr, mth, day, ID digits- If any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner

*leave blank*

**Parents – personal data**

Father's surname <i>SMITH</i>	Given names <i>JAMES</i>
Date of birth (yr, mth, day, ID digits- if any) <i>60, 10, 09</i>	Citizenship <i>USA</i>
Country of residence <i>USA</i>	Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widower
Mother's surname <i>SMITH</i>	Given names <i>MARY ANN</i>
Date of birth (yr, mth, day, ID digits- if any) <i>62, 05, 12</i>	Citizenship <i>USA</i>
Country of residence <i>USA</i>	Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow

**Siblings – personal data** *Fill in as applicable*

A. Surname, Given names	Date of birth (yr, mth, day, ID digits- if any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner
B. Surname, Given names	Date of birth (yr, mth, day, ID digits- if any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner
C. Surname, Given names	Date of birth (yr, mth, day, ID digits- if any)
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner

**Co-applicants** (co-applicants must submit applications of their own)

Name	Date of birth	Citizenship
<i>Leave Blank</i>		

**Relatives in Sweden** *Fill in as applicable*

Name	Date of birth	Citizenship



**Appendix for Application for residence  
permit for students and doctoral students**

**Questionnaire A – first-time application**

**Personal data**

Surname <i>SMITH</i>	Given names (in full) <i>PAULA JANE</i>
Citizenship <i>USA</i>	Date of birth (yr, mth, day, ID digits - if any) <i>91, 12, 24</i>

**Previous studies**

Education up to and including upper secondary school level	Number of years	Graduation year
<i>your high school information</i>		
University/College education (indicate level)		
Vocational training		
Previous employer(s)/client(s)	Work as	Period of employment
Present employer/client	Work as	Period of employment

*leave blank*

**Intended studies in Sweden**

*your host school info if available.*

Educational establishment/institution at which I have been accepted	
Address of school/college/institution	
Course/programme	
Contact person	E-mail address
The course/programme will run	
from	until
I have chosen this course of studies because (state the benefits you expect to derive from your studies)	
<i>explain why you are participating in this program</i>	
How did you find out about this university/place of study?	
<i>AFS SWEDEN</i>	
How do you expect to arrange your accommodation in Sweden?	
<i>AFS SWEDEN</i>	

