

PO Box 527, FI-33014 Tampere University, Finland Business Identity Code 0731831-0

GRANT APPLICATION

Applicant name			Personal identity number	
Street address			Title or profession	
Postal code and city			Phone number	
Bank account IBAN			Email address	
Degree programme			Student number	
Intendent purpose of the grant Master's thesis Doctoral dissertation Topic of thesis/dissertation:				
Amount of grant	EUR Estimated duration of the work months. Start date			
To be filled in by a representative of the Industrial Research Fund				
The final installment of the grant will be paid after the thesis/dissertation has been approved (in the end of that month) Please provide full details (amount of funding, financier), if you have applied for grants from other sources for the same purpose.				
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Date		Signature		
ENDORSEMENT This application is endorsed by the undersigned professor. The work pertains to our research activities in the field of technology.				
Professor				
In Tampere on /	20	Name in block le	Name in block letters	
DECISION				
The grant is awarded. The grant may be suspended or reclaimed in case the work does not proceed according to plan.				
In Tampere on / 20				
Chairperson		Executive Direc	tor	