

Thesis work application

Student 1

Name	
Email	
Phone	
University	
Program	
Teacher who can give you references	
Special skills and experiences	

Student 2

Name	
Email	
Phone	
University	
Program	
Teacher who can give you references	
Special skills and experiences	

Subjects of interest and/or project proposal

What subjects would you like to work with? You are also welcome to propose your own project idea.

Yes, I give my consent to SSPA to save my personal information during the application process and I accept the [SSPA Privacy policy](#).

SSPA Sweden AB

Head Office: P.O. Box 24001, SE-400 22 Göteborg, Sweden • Phone: +46 31 772 90 00 • Fax: +46 31 772 91 24

Visiting Address: Chalmers Tvärgata 10, SE-412 58 Göteborg, Sweden

Branch Office: Fiskargatan 8, SE-116 20 Stockholm, Sweden • Phone: +46 31 772 90 00 • Fax: +46 8 31 15 43

Web: www.sspa.se • **E-mail:** postmaster@sspa.se • **Vat No:** SE556224191801