

# Application for Admission to the PhD programme in Educational Sciences for Teacher Education, at OsloMet – Oslo Metropolitan University

The application should be sent to:
The Faculty of Education and International Studies,
Team Admission
OsloMet – Oslo Metropolitan University
Box 4 St. Olavs plass
N-0130 Oslo
Norway

## 1. Information about the applicant

Surname			Middle name I		First	First name	
Date of birth		Na	tionality			Gender	
Private address	S					•	
Postal code	Postal addre	SS		Private phone E-mail address		address	
Address of current employer							
Postal code	Post	al Ad	ldress		Т	elephone work	

### 2. Attachments that have to be submitted: (see section 5):

- 1. Verification of identity (copy of passport, attestation from the National Population Register). \*
- Examination certificates from master studies, professional programmes or similar educational programmes. \*
- 3. Examination certificates from other relevant studies.
- 4. Project description between 8-10 pages (incl. theme, research problems, choice of methods, planned time schedule, a list of references). We encourage the applicant to use all 10 pages, and the project description should be based on font size 12, spacing 1½, marginals 3 cm.
- 5. List of publications since master graduation.
- 6. Curriculum Vitae (CV) of both the applicant as well as the proposed supervisors (the supervisors' CV must document previous experience as PhD supervisors, and include a list of publications).
- 7. Documentation of funding.
- 8. Documentation of credits from previous courses you want to have approved.
- 9. The hiring committee's evaluation of the project.

<sup>\*</sup> Does not apply for applicants with a master degree from HiOA/HiO/HiAk/OsloMet.



# 3. Educational background

Academic degree on which admission is proposed to be based						
Name of degree	Components (subjects. levels)	Educational institu	ution	Year/sen	nester	
Title of master thesis						
Other possibly releva	ant educational programmes	since secondary	school (ce	ertificates (	to be	
Type of education	Educational institution		Year/sem	ester		
Previous posts held s	ince graduation from master	studies/professi	onal prog	ramme (	If necessary,	
use separate sheet)						
Employer	Post	Time period	Persons w	vho can	Phone no.	
_						

# 4. Plans for the PhD programme

Starting time	Finishing time			
Year/semester	Year/semester			
Working title of the thesis				
Project abstract				



Maximum 2000 signs included blank signs. Full Project description has to be submitted separately
Is the PhD thesis planned as a development of the master thesis? (Yes/no)
If YES, please elaborate:
Area of scientific specialisation:
And of Soloman Specialismon



External applicants (A	applicants that have no	t applied	l for a	a research	fellowshi	p at LUI)			
Where do you want to	do Institution	n,		A	ddress			Phone	
your research?	departme	nt/cen	tre					number	
Description of the reserved	earch environmer	nt (exter	nal a	pplicants	only) (fiel	d, focus,	size, releva	nce for your	
Suggested main super	visor – from Oslo	Met							
Name	Position		Wo	ork place	1		E-mail		
Is suggested main sup	ervisor:			Wante	Vanted: Cont		acted:	Willing:	
Suggested assistant su	pervisor – from (	OsloM	et	l		1			
Name	Position		Wo	ork place			E-mail		
Is suggested assistant	supervisor – fron	1		Wanted: Cont			acted:	Willing:	
OsloMet									
Suggested main super	visor – not emplo	yed at	Osl	oMet		1			
Name	Position	Inst	itutic	n			Faculty		
Institute/dept.		Phone	2	E-mail address					
Is suggested main sup	ervisor:			Wante	ed:	Conta	acted:	Willing:	
Suggested assistant su	pervisor – not en	ploye	d at	OsloMe	et	1			
Name	Position							Faculty	
Institute/dept.		Phone	2		E-mail	address			
Is suggested assistant	supervisor:	ı		Wante	ed:	Conta	acted:	Willing:	
_									



Planned participation in courses – the first year					
Name of course		Semester	Institution offer	ring the course	
Credits from previous courses you want	to get r	recognized			
Name of course	Institut	ion that offered the	Attachment no.		

Planned, necessary/wanted periods as visiting research scholar				
Institution	Country	Purpose	Period	Funding

Funding plan						
Funding source / salary	Type (individual	Duration:	%	When is application		
provider	scholarship grant, project	From – to	work duty	decided upon?*		
	scholarship, type of					
	employment)					

<sup>\*</sup>If the application is granted, submit a copy of the grant letter.

Is the work with the PhD degree part of a larger research project?	YES	NO
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NT C.(1	ate the following:		II	., T	1
Name of the project	Institution	Project leader	How is the proje funded?	of a rese progran	
Have you applicinstitutions?	ed for admission	to doctoral program	mes at other	YES	NO
If YES, where?			1		
Have you previon	•	admission to a docto	oral	YES	NO

# 5. Attachments (See section 2)

Pleas list all your attachments and number them:

Attachments:	Attachment
	no:

For applicants with a master degree from institutions outside the Nordic countries have to meet the following requirements in addition to the list in section 2:



- Final diploma / Degree certificate in original language
- Official English or Scandinavian language translation of final diploma
- Transcript / mark sheets / index / relevé de notes in original language
- Official English or Scandinavian language translation of transcript
- Diploma Supplement / if available
- Required documents for applicants who have their master degree from USA, Philippines, Egypt, Eritrea, Ethiopia, Ghana, Cameroon, China Nigeria and Sudan:
  - You have to submit officially certified copies of final degree. Please send these documents by post.
  - Please note that the Official academic transcripts must be sent directly to OsloMet by the institution. You can download the International Transcript Request Form and send it to your institution. <a href="http://www.hioa.no/Studier-og-kurs/LU/Phd/Utdanningsvitenskap-for-laererutdanning/Opptak-til-programmet/Request-for-Transcript-of-Records-Release-Authorisation-Form">http://www.hioa.no/Studier-og-kurs/LU/Phd/Utdanningsvitenskap-for-laererutdanning/Opptak-til-programmet/Request-for-Transcript-of-Records-Release-Authorisation-Form</a>

### 6. Signature

I confirm that the information I have given is correct and that all the enclosed documents						
are authentic. I und	are authentic. I understand that any attempt to obtain admission with fraudulent documents					
and/or false statem	ent, will be reported to the	ne police. I am aware that I am responsible to				
bring original docu	ments for control during	the first semester. I am also aware that				
education and worl	k experience not proven l	by documents will not be considered.				
Date:	Date: Place: Signature of the applicant:					