

To the Scholarship Commission of the Sigmund Freud Private University Vienna Freudplatz 1 / ZI 6008 A-1020 Vienna

## Application for a GRANT

## for a master's thesis or dissertation in the calendar year 2024

Student number:	Field of study:
First and FAMILY NAME, Acad. deg	ree:
Address (street, postal code, city):	
Date of birth:	Citizenship:
Tel. no.:	E-Mail (SFU-Account):
•	aster's degree program or doctoral program 's thesis or dissertation not yet completed ne supervisor o ID (possibly proof of equal status)
months afterwards. Likewise, the lis	obliged to submit the final report no later than 6 t of all expenses incurred must be submitted the Rector's office (Freudplatz 1, ZI 6008).
Date of application	Signature