# Application for change of main

*Please fill in the form (in Danish or English) and email it to* *phd@health.sdu.dk**.*

| **Basic information**  |
| --- |
| Name |   |
| Current main supervisor |   |
| Department | Please choose |
| New main supervisor |   |
| Department | Please choose |

| **Reason(s) for change of supervisor** |
| --- |
|   |
|  |
| Will your current main supervisor continue as a part of the supervisory team? | Yes [ ]  No [ ]   |

| **Signatures** |
| --- |
| PhD student |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and signature |
| Current main supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and signature |
| New main supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and signature |