# Application for credit transfer

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

| **Basic information** | |
| --- | --- |
| Name |  |
| Main supervisor |  |
| Department | Please choose |
| Enrolment start date | Please choose |
| Actual starting date of the project | Please choose |
| How many months do you wish to shorten your enrolment with? |  |

| **Reason(s) for applying for credit transfer and account for:**   * Number of ECTS obtained * Stay(s) at other research environment(s) * Knowledge dissemination * Status on inclusion, if relevant * Manuscripts and published articles |
| --- |
|  |

Please include a Gantt chart or other visual overview of the elements of the project.

| **Signatures** | |
| --- | --- |
| PhD student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |
| Main supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |