# Application for credit transfer

*Please fill in the form (in Danish or English) and email it to* *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 |