# Application for extension of enrolment

*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 |
| Current enrolment end date | Please choose |

| **Application for extension** | |
| --- | --- |
| How many months extension are you applying for? |  |
| Extension start date | Please choose |
| Extension end date | Please choose |
| Have you previously applied for extension?  *Please state periods and reasons* |  |

| **Financing of the extension**  *Please fill in how your extension is financed.*  *Please be aware that you must include documentation for financing the extension* | |
| --- | --- |
| **Start and end date** | **Source of finance** |
| From Please choose  To Please choose |  |
| Where will you be employed during the extension? |  |
| **If employed at SDU, please fill in** | |
| **Start and end date** | **SDU account number or**  **EAN, CVR and OL number** | |
| From Please choose  To Please choose |  | |

| **Reason(s) for applying for extension** |
| --- |
|  |
| **PhD plan –** which elements of your PhD plan have been completed? And which are still to be completed? |
|  |

| **Signatures** | |
| --- | --- |
| PhD student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |
| Main supervisor | I, the undersigned main supervisor, hereby confirm that   * Funding for the extension will be available as described in the application   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |