# Application for leave of absence

*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  |
| Current enrolment end date | Please choose  |

| **Application for leave of absence** |
| --- |
| For how many months do you wish to take leave of absence? |   |
| Start date | Please choose  |
| End date | Please choose  |
| Have you previously applied for extension? *Please state periods and reasons* |   |

| **Financing**  |
| --- |
| Will taking leave of absence change your current funding plan and employment? | Yes ☐ No ☐If yes, please state how:  |

| **Reason(s) for applying for leave of absence** |
| --- |
|   |
| **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

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