# Application for leave of absence

*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 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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |