# Application for part time/full time 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 part time/full time** | |
| --- | --- |
| Number of hours a week |  |
| Start date | Please choose |
| End date | Please choose |

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

| **Reason(s) for applying** |
| --- |
|  |
| **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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |