# Application for extension due to long-term illness

*Please fill in the form (in Danish or English) and email it to* [*phd@health.sdu.dk*](mailto:phd@health.sdu.dk)*.*

**Please note**: You cannot file for this type of extension unless your local HR department has registered all relevant sick days.

Attach documentation for registered sick days.

| **Basic information** | |
| --- | --- |
| Name |  |
| Main supervisor |  |
| Department | Please choose |
| Enrolment start date | Please choose |
| Current enrolment end date | Please choose |

| **Application for extension** | |
| --- | --- |
| How many days extension are you applying for? |  |
| Start date of illness | Please choose |
| End date of illness | Please choose |
| Part-time illness | Yes No |
| If yes:  Working hours pr. week on the PhD  Start date  End date | Please choose  Please choose |
| Will you be employed at SDU during your extension? | Yes No |
| If yes, please specify the dates | Please choose  Please choose |
| If no, please state other place(s) of employment |  |

| **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 |
| Head of Department at SDU (Institut)  Please choose the relevant person in the box | I, the undersigned Head of department, hereby confirm that   * Funding for the extension will be available as described in the application   Please choose  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature |