# 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**.*

**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 PhDStart dateEnd 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** |
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|       |
| **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 |