# Application for change of scholarship placement

*Please fill in the form (in Danish or English) and email the form and relevant information to* *phd@health.sdu.dk**.*

| **Basic information**  |
| --- |
| Name |   |
| Main supervisor |   |
| Research unit |   |
| Department | Please choose |

| **Reason(s) for moving the scholarship placement** |
| --- |
|   |

| **Financial information**  |
| --- |
| First year salary financed by (including amount): |   |
| Start date: | Klik eller tryk for at angive en dato. |
| End date: | Klik eller tryk for at angive en dato. |
| Second year salary financed by (including amount): |   |
| Start date: | Klik eller tryk for at angive en dato. |
| End date: | Klik eller tryk for at angive en dato. |
| Third year salary financed by (including amount): |   |
| Start date: | Klik eller tryk for at angive en dato. |
| End date: | Klik eller tryk for at angive en dato. |

| **Signatures** |
| --- |
| PhD student |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and signature |
| Main supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and signature |