# 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*](mailto: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 |