

INFORMATION FORM for non-Danish assessors/visiting lecturers

Must be sent immediately after receipt to graduateschoolhealth@au.dk
or HE Forskeruddannelsen, Aarhus University, Katrinebjergvej 89F, Building
5132, 8200 Aarhus N

For use in my appointment as:

Member of Assessment Committee:	Mark X	➔	<input type="checkbox"/>	From:	To:
Visiting lecturer:	Mark X	➔	<input type="checkbox"/>	From:	To:
At institute/department:					
Name of student (if Member of Assessment Committee):					

Date of birth:
Name:
Private address:
Postcode and town/city:
Private e-mail:
Bank transfer inside the EU:
SWIFT/BIC code:
IBAN number:
Bank transfer outside the EU:
Bank name and address:
Bank registration number:
Bank account number:
Copy of passport must be enclosed if this position is an Assessment Committee Member.

Date

Employee's signature