**Application for part-time**

Please notice, that your period of enrolment cannot exceed 6 years in total.

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| --- | --- |
| Name: |       |
| AU ID: |       |
| Name of main supervisor: |       |
|  |  |
| Enrolment end – current: |       |
| Part-time start date: |       |
| Part-time end date: |       |
| Weekly working hours during the part-time period: |       |
| Reasons for applying:       |
|  |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PhD Student(Signature and capital letters) | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Main supervisor(Signature and capital letters) |
|  | As main supervisor I hereby agree to the period of part-time and guarantee that there is adequate funding, incl. salary and the necessary project related expenses, for the entire period of extension. |

**Please submit the application to** **graduateschoolhealth@au.dk**