**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**](mailto:graduateschoolhealth@au.dk)