# **APPLICATION FOR APPROVAL OF EXTERNAL COURSES**

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| Applicant’s name:       | Date of enrolment in PhD Programme:       |
| E-mail:       | Phone No.:        |
| Main supervisor:       |
| Title of course:       |
| Organiser and place of course:       |
| Date of course:       |
| Short explanation for course participation:       |
| Date:       | Applicant’s signature: |

Approval of course participation recommended by main supervisor:

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| Date:       | Signature of main supervisor: |

 **After course completion:**Please submit the application form as well as a **copy of the detailed course programme** and **course diploma** to the Graduate School of Health, Aarhus University by e-mail (graduateschoolhealth@au.dk).

**For use of the graduate school:**

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| ECTS credits: | Date: | Participation approved:Helene NørrelundHead of Graduate School |