# **APPLICATION FOR APPROVAL OF EXTERNAL COURSES**

|  |  |  |
| --- | --- | --- |
| 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:

|  |  |
| --- | --- |
| 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](mailto:graduateschoolhealth@au.dk)).

**For use of the graduate school:**

|  |  |  |
| --- | --- | --- |
| ECTS credits: | Date: | Participation approved:  Helene Nørrelund  Head of Graduate School |