# **APPLICATION FOR PRE-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:       |
| Internet site:       |
| Short explanation for participation in course:       |
| Date:       | Applicant’s signature: |

Approval of course participation recommended by main supervisor:

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| Date:       | Signature of main supervisor: |

 **Prior to course attendance:**Please submit the application form to the Graduate School of Health, Aarhus University by e-mail (graduateschoolhealth@au.dk). **Course description must be included**.

 **For the use of the graduate school (will be returned to you)**

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

 **After course completion:**Please re-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 the use of the graduate school**

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| ECTS credits: | Date: | Approved:Helene NørrelundHead of Graduate School |