# **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](mailto: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 Nørrelund  Head 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](mailto:graduateschoolhealth@au.dk)).

**For the use of the graduate school**

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| ECTS credits: | Date: | Approved:  Helene Nørrelund  Head of Graduate School |