**Notification of completion – Research year**

*To be filled out and submitted by the* ***main supervisor*** *no later than one month after the enrolment end date*

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| --- |
| **Research Year student** |
| Name: |       |
| Project title: |       |
| Department: |       |
| Enrolment period: |       |
| **Main supervisor** |
| Title: |       |
| Name: |       |
| Department: |       |

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| --- |
| Has the research year been completed satisfactorily?  |
| Yes [ ]  | No [ ]  |
| Which scientific output has completed the research year (e.g. article, oral presentation, etc.)?      |
|  Is the outcome equivalent to 12 months of fulltime research? (**NB!** Only to be answered if the enrolment period is *less* than 12 months) |
| Yes [ ] Please elaborate:       | No [ ]  |
| Date      | Main supervisor’s signature |

*By submitting this form, the research year is considered completed. The research year student will receive a confirmation of the completion by e-mail.*

*Please submit the form to* *graduateschoolhealth@au.dk**.*