**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*

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

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