|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| ToThe Doctoral School in Medicine, Biomedical Science and Technologyaauphd@adm.aau.dk  |  |

 |

 Date: 26-03-2019

**Application for extension of PhD study**

*The application for extension is for six months. A maximum of two periods of six months extension may be applied for. The application (max. two pages total) must be duly filled in and signed before submission to the Doctoral School.*

Name:

Department:

Current date of completion: dd/mm/yy

Previous extension: yes/no

Status of the project:

Expected time- and work schedule:

Statement from the supervisor:

Signatures, date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhD student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor

(Name in capital letters and signature)