|  |  |
| --- | --- |
|  | **The Doctoral School in Medicine, Biomedical Science and Technology** 9220 AalborgDenmarkaauphd@adm.aau.dk  |

4. adresselinie, tryk derefter F9**Application for leave of absence**

(To be sent to the Doctoral School at least one month prior to the planned leave.)

|  |  |
| --- | --- |
| Name |       |
| Social security no. (cpr. nr.) |       |
| Funding |       |

Period of leave

|  |  |  |  |
| --- | --- | --- | --- |
| From |       | To |       |

Reason for leave

Childbirth [ ]  Adoption [ ]  Illness [ ]  Other [ ]

|  |  |
| --- | --- |
| Other, please specify |       |

Recommended by supervisor

Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Name of supervisor |       |

Date Signature, Supervisor

Approved by the department:

Date Signature, Head of Department

PhD student:

Date Signature