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| --- | --- |
|  | **The Doctoral School in Medicine, Biomedical Science and Technology**  9220 Aalborg Denmark  [aauphd@adm.aau.dk](mailto:aauphd@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