



Application for extension of PhD period

PART 1: TO BE COMPLETED BY THE CANDIDATE

Name and e-mail (candidate)		
Name and e-mail (main supervisor)		
Department		
Original PhD period (dd.mm.yy - dd.mm.yy)		
Extension required (dd.mm.yy - dd.mm.yy)		
Share of work week allocated for PhD project during the extended PhD period		
Have you applied for extensions before?	YES	NO
Reason for delay (if you require more space, please use a separate sheet of paper):		
Status for the project, incl. status for articles (if you require more space, please use a separate sheet of paper):		
Status for the training component (number of credits approved) and plan to complete any remaining credits:		
Plan for completion of the project during the extension (if you require more space, please use a separate sheet of paper):		

Financial support during the extension:

- Extended scholarship/financing from original source
- New position (please specify): _____
- Allowance/scholarship/other support from research group/department (to be confirmed by department)
- Other, please specify below:

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X

Candidate (please sign and date)

PART 2: TO BE COMPLETED BY MAIN SUPERVISOR

The supervisors recommend the application and are willing to extend the supervision agreement as specified above

- Yes, all supervisors are willing to extend the supervision agreement
- Yes, some of the supervisors are willing to extend the supervision agreement (please specify below)
- No, new supervisors would have to be appointed (please specify below)
- No, the candidate will complete his/her work without supervision

Any comments from the supervisors regarding the application (if you require more space, please use a separate sheet of paper):

X

Main supervisor (please sign and date)

PART 3: TO BE COMPLETED BY HEAD OF DEPARTMENT

The department supports and recommends this application for extension of the PhD period, as specified above.

- Yes
- No

Any additional information, comments or conditions regarding this application, e.g. meetings with supervisor, reporting to the department or other conditions (if you require more space, please use a separate sheet of paper):

X

Head of Department (please sign and date)

Please note

This form must be completed and signed by all parties before it is submitted to the Faculty of Medicine. The form can be posted or e-mailed to post@med.uib.no.