



APPLICATION FOR EXTENDED EMPLOYMENT AS PHD RESEARCH FELLOW

The form does not apply for leaves of absence required by law (sickness, child birth etc.)

NAME:	
DEPARTMENT:	
E-MAIL:	

Percentage

Employment period:	From:	To:	%
Source of funding:			
Previous extensions:	From:	To:	%
	From:	To:	%
	From:	To:	%

Application Period	From:	To:	%
Source of funding during extension:			
Name of project and project manager:			

State the reason why an extension is necessary:

Need more time to complete	<input type="checkbox"/>	
Work Duties	<input type="checkbox"/>	State type of work and period:
Other work (not part of work agreement)	<input type="checkbox"/>	State type of work and period:

Signatures

Candidate's signature

Date

The application is recommended by the main supervisor:

Supervisor's signature

Date

Progress Plan

Must be included if the extension period is longer than 1 month

Revised progress plan for the work that remains before the thesis will be submitted: