|  |
| --- |
| *Half-time review/seminar – PhD-program in Technology and health***Part A – Application** |
| *PhD-student* | *Personal identity number* |
|       |       |
| *Department / Division (org.unit)* |
|       |
| *Phone private* | *Phone work* | *E-mail* |
|       |       |       |
| *Third-cycle subject*  |
|       |
| *Main supervisor* |
|       |
| Co-supervisor |
|       |
| Co-supervisor |
|       |
| Half-time review/seminar  |
| *Date* | *Time* | *Place* | *Booked* |
|       |       |       | [ ]  Yes [ ]  No |
| **Evaluators**  |
| *(name, title, e-mail)* |
|       |
| *(name, title, e-mail)* |
|       |

***Signatures PhD-student and main supervisor***

|  |  |
| --- | --- |
| *PhD-student* | *Date*  |
|       |
| ……………………………………………………………………… | *Printed name* |
|       |
| *Main supervisor* | *Date*  |
|       |
| ………………………………………………………………………… | *Printed name* |
|       |

***Signature Director of 3rd cycle education***

|  |  |
| --- | --- |
|  | *Date*  |
|       |
| ………………………………………………………………………… | *Printed name* |
|       |