|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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* |
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