Documentation of PhD-students’ extra-curricular activities – grounds for prolongation

Each task stated in this document, on which the PhD’s prolongation is based, has to be verified by the director of studies/course coordinator/head of department.

Sick leave and parental leave will be checked by the human resource administrator. Other types of leaves or other circumstances that should constitute grounds for prolongation are to be signed by the head of department.

The documentation is to be handed in to the human resource administrator after each academic year. Use one form for each academic year.

**It is your responsibility to hand in an approved documentation that confirms your activities.**

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| Teaching |  |  |  |
| ‘Teaching’ refers e.g. to teaching, lecture hours, exercise hours and preparations.  N.B. Teaching hours are to be recalculated into clock hours.  In order to compute the total clock hours for each course the number of lecture hours should be multiplied by a factor 4, exercise hours by a factor 2 and time for preparations are to be discussed with the coordinators and/or the director of studies before computed. | | | |
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| Other teaching e.g. thesis supervision. Please state name of student and level (BSc or MSc) | | | |
| Name of student | Level | Comment | Signature of Approver |
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| Other teaching tasks |  |  |  |
| Type of task | Sum of clock hours | Date / Comment | Signature of Approver |
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| Institutional work (e.g. boarding school, exam guard) | | | |
| Type of task | Sum of clock hours | Date / Comment | Signature of Approver |
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| Activities in student unions, authorities, councils etc. | | | |
| Type of task | Participation in number of meetings / Total amount of meetings | The activity qualifies for number of days of qualification | Signature of Approver |
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| Other activities | | | |
| Type of task | Sum of clock hours/ Total amount of days | Date / Comment / The activity qualifies for number of days of qualification | Signature of Approver |
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Legal representative (date and signature of the Head of Department)

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Date Signature Printed Name