

APPLICATION FOR MIDWAY REVIEW

The original is sent to the relevant department's/unit's doctoral education group for review and attestation. The form is archived at the department.

Applicant's personal details	Dorganal identity number		
Surname, given names	Personal identity number		
Department/unit			
Department/ unit			
Application for midway review with the title:	n.		
(both Swedish and English titles must be stated	1)		
Date and time of midway review Place			
A copy of the current study plan must be attached.			
Umeá,			
Signature (doctoral student)	Name (printed)		
Application approved:			
Signature (principal supervisor)	Name (printed)		
Signature (examiner)	Name (printed)		
Attested:			
Signature (Chair of the department's doctoral education group)	Name (printed)		
Signature (Head of Department)	Name (printed)		
If signing digitally, fill in name and state 'signed digitall'			
• It signing digitally, thi in hame and state signed digitally	y		
* NB: The progress grant will only be paid in those cases v			
completion of midway review and planned thesis defence	is at least 18 months.		
Details must be completed by the doctoral student and the	e supervisor together.		



Admission date	Planned defence of doctoral thesis, year and month*				
The progress grant is planned to be	used for travel with the following purpose:				
The progress grant is planned to be used for travel with the following purpose:					
Research visit					
☐ Presentation at conference					
☐ Participation in course					
Ladok extract of completed courses Third-cycle courses that have been J	is attached. planned but not yet completed are listed below.				
Other credit course components					
☐ Own presentation at national	/international conferences				
☐ Journal club					
☐ Series of seminars					
☐ Research visit					
Other (please specify)					
Ethical approval					
☐ Nothing new added since adm	ission application				
☐ Ethical review to be carried ou	t				
☐ Additional ethical review has be attached	een carried out, and a statement from the Regional Ethical Review Board is				

Completed literature course	
Has the individual study plan been updated?	
Yes No	
If yes, attach the updated study plan.	
21 yes, action the aparted state plans	
04	1
Other comments	

Papers	Planning	Ongoing analysis work	Completed results	Manuscript	Manuscript submitted	Published (date)		
Members of the review g	roup							
Name		Academic title/position						
Department/unit								
Email address								
Name	Academic title/position							
Department/unit								
Email address								
Name			Acade	mic title/positi	on			
Department/unit								