

Enrolment in PhD Course

Name: _____

Civ. reg.no. _____

Institution: _____

Department: _____

Address: _____

Phone: _____ E-mail: _____

I wish to enroll in the following course:

Recommendation of the supervisor in charge:

Date: _____ Signature: _____

Participation fee will be charged 1 week before the course and according to the rules and regulations on participation in PhD courses in Denmark.

Cancellation and refunds:

If I cancel my registration no later than 2 weeks before the course begins my fee will be reduced to cover only the overhead expenses. Cancellations after that deadline will be charged with a full participation fee.

Only written cancellation by fax or mail is accepted.

By signing this enrolment form I confirm that my registration is binding and that I have read and understood the cancellation and refund policy above.

Applicant's signature:

Date: _____ Signature: _____

The enrollment form have to be filled out and faxed or mailed to:
Copenhagen Business School, Vicki Antosz, Howitzvej 60, DK – 2000 Frederiksberg.
Fax. no.: +45 3815 2401