

**Date** 

## PhD doctoral programme in life sciences Congress Participation Form

Doctoral Student's name			Thesis Director's na	me				
	DI	ace	Title of the congress		Presentation		ECTC	
Dates	<u> </u>	Country)			Poster (first author)	Oral	credit*	
					Yes 🗖	Yes 🗖		
					No 🗖	No 🗖		
Join to this fo	2) a copy o 3) a copy o	f the scientific pro f your abstract as				ed by the co	I oordinato	
	The Thesis L	Director certifies th	at this event corresponds to the fie	eld of research	of the Doct	oral Stude	ent	
Visa Doc		oral Student	Visa Thesis Director			Visa Doctoral School		
Signature								

The PhD student forwards this document to the program coordinator:

- at the end of the first year (for the validation of the minimum 4 required ECTS credits)
- at the latest 4 weeks before the deposit of the exam thesis folder (for the final validation of the required 12 ECTS credits)

 $Please, check \ our \ Rules, Directives \ and \ Guidelines: \ http://www.unil.ch/ecoledoctoralefbm$