



CERTIFICATE OF PARTICIPATION

SERIES OF EVENTS

Name of doctoral student

Date of birth

Matriculation number

Name of course / module / series (e.g. journal club, institute seminar series, workshop series)

Participation from _____ until _____ (dd/mm/yy)

Average duration of each session: _____

Number of sessions attended: _____

Active participation: Yes No

(e.g. with a presentation)

Name of responsible person / institute

Date stamp of the institute and signature of the person responsible