



UNIVERSITÄT ZU LÜBECK
CENTER FOR DOCTORAL STUDIES

CERTIFICATE OF PARTICIPATION

SERIES OF EVENTS

Name of doctoral researcher

Date of birth

Matriculation number

Title / kind of event series (*e.g. journal club, institute seminar, etc.*)

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

Average duration of each session: _____

Number of sessions attended: _____

Active participation with a presentation: ☐ Yes ☐ No

Title of the presentation: _____

Type of presentation: ☐ Talk ☐ Poster

Date: _____

Name of responsible person / institute

Date stamp of the institute and signature of the person responsible