



Participation form for activities as part of the VUB
doctoral training programme

I,(name lecturer/organiser)

Hereby confirm that

.....(name PhD Candidate)

has received a positive assessment for the course/seminar:

.....(name course/seminar)

And thus fulfils all necessary conditions for obtaining the credits attributed to this course.

**NAME AND SIGNATURE
LECTURER/ORGANISER:**

Name:

Date:

Signature: