

## Doctoral Program in Ecology and Evolution

### Congress Participation Form

<b>First name / Last name</b>		<b>University</b>
<b>Email address</b>		
<b>Thesis director</b>		

	Dates and Place	Total number of half days	Title	Presentation		ECTS credits (for the Doctoral School)
				Poster	Oral	
1				Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	No <input type="checkbox"/>	

***The thesis director certifies that the above congress(es) correspond to the field of research of the doctoral student***

	Doctoral Student	Thesis Director	Doctoral School
<b>Signature</b>			
<b>Date</b>			