

Doctoral Program in Ecology and Evolution

Congress Participation Form

First name / Last name		University
Email address		
Thesis director		

	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
Signature			
Date			