

External Credits Validation Request Form

| | |
|--------------------------|--|
| Name | |
| E-mail address | |
| Thesis supervisor | |

| Dates | Workshop or Conference title Location | Total days (full) or hours | Preparatory work (1) | Presentation work (2) | Exam (3) |
|-------|--|----------------------------------|---|---|---|
| | | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> talk/poster (specify) | No <input type="checkbox"/> Yes <input type="checkbox"/> |

(1) This activity requires preparation work (reading of publications, texts writing, etc.)

(2) This activity includes a presentation by the Ph.D. student (poster, talk, discussion)

(3) This activity includes an examination (written or oral)

| | | |
|------------------|----------------------|--|
| | Ph.D. student | Thesis supervisor or activity organizer |
| Signature | | |
| Date | | |

Please do not forget to join the following documents:

- **For a Workshop:** **certificate of attendance**

- **For a Conference:** **certificate of attendance (if you have one)**

program extract (showing your presentation)

presentation abstract

Send to: Dr. Emilie Genty
 Institut de biologie, DSLS, office D313
 Université de Neuchâtel
 Emile-Argand 11
 2000 Neuchâtel
ds.biology@unine.ch

To be filled in by the doctoral program coordinator only

| Date | Doctoral Program Coordinator | Credits / category |
|------|------------------------------|--------------------|
| | | |