



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Doctoral School in Health & Technology

Scuola di Dottorato in
Scienze e Tecnologie della Salute

CERTIFICATE OF PARTICIPATION IN EDUCATIONAL ACTIVITIES

Ph.D. student personal data

Name and last name _____

Cycle _____

He/she participated in the A.Y. _____ to the following educational activities:

| Title | Teacher | Type of activity* | Place | Date | Duration (# hours or # days) |
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* Seminar, master's course teaching, summer/winter school, workshop, national conference, international conference, a period in industry, soft skills courses. Specify if other.

Place and date

The Ph.D. student

The supervisor
