

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