

Date

PhD doctoral programme in Cancer & Immunology Congress Participation Form

Doctoral Student's name			Thesis D	irector's name					
		Place	Title of the congress			Presentation		ECTS	
Dates	2	n/Country)				Poster st author)	Oral	credit*	
					Ye	s 🗖	Yes 🗖		
					No) 	No 🗖		
Join to this fo	2) a copy 3) a copy	of the scientific po of your abstract a			tes, place and		ed by the co	pordinato	
	ds to the field of r	d of research of the Doctoral Student							
Visa Doct		ctoral Student	Visa Thesis Director			Visa Doctoral School			
Signature									

The PhD student forwards this document to the program coordinator:

- at the end of the first year (for the validation of the minimum 4 required ECTS credits)
- at the latest 4 weeks before the deposit of the exam thesis folder (for the final validation of the required 12 ECTS credits)

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