

<b>EPFL Doctoral School</b> <b>DOCTORAL PROGRAM in Neuroscience</b> <b>Director – Prof. Ralf Schneggenburger</b>			
EPFL – SV- EDNE Program Administration Office SV 2514 1015 - LAUSANNE	EPFL Tel +41 21 693 0794 E-mail <a href="mailto:edne@epfl.ch">edne@epfl.ch</a> Web site <a href="http://phd.epfl.ch/neuroscience">phd.epfl.ch/neuroscience</a>		

**REQUEST FOR EXTERNAL COURSE CREDITS  
NON-EPFL DOCTORAL COURSE AND EPFL BA-MA COURSES**

*Please submit 3 weeks before the start of the course.  
Without this form, no credits will be awarded.*

1. Name \_\_\_\_\_ First name \_\_\_\_\_
  2. Course title \_\_\_\_\_
  3. Course reference (if any) \_\_\_\_\_
  4. Course provider and location (University or other) \_\_\_\_\_
  5. Instructor \_\_\_\_\_
  6. Dates of course \_\_\_\_\_
  7. Amount of lecture hours \_\_\_\_\_ Amount of additional personal work hours \_\_\_\_\_
  8. Amount of ECTS announced by the organizing institution \_\_\_\_\_
  9. Evaluation method(s)    project             Oral exam             Written exam
- Other , specify : \_\_\_\_\_

Please attach –

- A short description on your background and why you chose this course.
- Course syllabus/description attached with detailed schedule

PhD advisor's signature \_\_\_\_\_

Candidate's signature \_\_\_\_\_

<b>EDNE Director's approval:</b> _____ <b>Date:</b> _____
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**For internal EDNE & SAC-EDOC use**

Marks obtained by the candidate **R** (Réussi) passed  \_\_\_\_\_ **E** (Echec) failed

**Credit unit(s) to be transferred** \_\_\_\_\_ **Corresponding IS-A ref : Equiv.** \_\_\_\_\_