EQUIVALENCE

**Candidate name and scipper :**

**PhD advisor :**

**PhD Co-advisor (if any) :**

**Course name :**

**Course place and date :**

**Number of credits :**

In case there is no exam included in the course, PhD Advisor will have to examine his/her PhD student within 30 days after the end of the course.

To be completed by the examiner

I hereby certify that the above candidate was examined on the material studied during the aforementioned course.

The examination was [ ]  included in the course \*

 [ ]  organized by the thesis director \*

The candidate [ ]  was successful / R \*

 [ ]  failed / E \*

Remarks :

Examination date :

Examiner :       Date & Signature:

Thesis advisor :            Date & Signature:

Co-director (if applicable) Date & Signature:

Director of the program Prof. Camille Brès Date & Signature:

**Please return this form in PDF to our office** **edpo@epfl.ch****, after the examination.**