

Summer or Winter School proposal

PLEASE FILL IN AND TRANSMIT TO YOUR DOCTORAL PROGRAM FOR ACCEPTANCE

Title						Code		
Program	Course type					ECTS credits		
	Lecture	Exercises	Pract. Work		Examination procedure (choose only one of the list below)			
Total hours				Oral	Written	Project report	Oral presentation or Poster session	
Schedule Venue								
Number of participants Registration via								
Tuition fees			(Students from	Swiss univer	sities and EuroTech	Alliance)		
EPFL Professor in charge of validating the success of the course								
Name								
EPFL PhD Students in	charge of t	he organisation	n (5 max.)		Phone ¹	Email (@epfl.	.ch)	
Name								
Name								
Name								
Name								
Name								
¹ Please give a phone number where you can be easily reached								
Summary (mandatory) A brief description of the course in terms of knowledge and skills, to be used on the diploma supplement (max. 300 characters)								
	(max	. 500 Character	13)					
Contact								
See website								
Note:								
Keywords:								
Accepted by doctoral program								
Signature of the program's director:								
Date:								