

PLEASE FILL IN AND TRANSMIT TO YOUR DOCTORAL PROGRAM FOR ACCEPTANCE

Title		Code
Program	Course type	ECTS credits

Total hours	Lecture	Exercises	Pract. Work	Examination procedure (choose only one of the list below)			
				Oral	Written	Project report	Oral presentation or Poster session

Schedule	Venue
Number of participants	Registration via
Tuition fees	(website url)

EPFL Professor in charge of validating the success of the course		
Name		
EPFL PhD Candidates in charge of the organisation (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)
Contact	
See website	

Note:
Keywords:

Accepted by doctoral program
Signature of the doctoral program's director:
Date: