Certificate Subject Specific Course

name doctoral candidate _____

name supervisor _____

Subject Specific Course

Course name: _____

Course type: _____

Organizer, city, country: _____

_____

Start date: _____   End date: _____

Duration in hours: _____

With respect to my supervisor I confirm that the information is correct:

_____, _____ _____
doctoral candidate

With respect to GC LS I confirm, that my doctoral candidate achieved above
mentioned subject specific course:

_____, _____ _____
supervisor