

Certificate transferable skill Course

Name doctoral candidate _____

Name group leader _____

Transferable skill 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 Transferable skill course:

_____, _____
supervisor