

Certificate International Experience

Name doctoral candidate _____

Name supervisor _____

International Experience

Type of the international experience: _____

Title/content: _____

Research institute/enterprise: _____

City: _____

Country: _____

Start date: _____ End date: _____

Durations in days: _____

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

_____, _____
doctoral candidate

With respect to GZW I confirm, that my doctoral candidate achieved above mentioned international experience:

_____, _____
supervisor