

## 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 GZW I confirm, that my doctoral candidate achieved above mentioned subject specific course:

\_\_\_\_\_, \_\_\_\_\_  
supervisor