

*Please fill in online and send this form also as mail to the PCGS coordinator. Please bring a signed version or (if available) a certificate to the office/mail box. Thanks!*

**Research School**

|  |  |
| --- | --- |
| Students Name |   |
| Own Contribution(e.g. Poster Title / Oral Title\*)*\*strike through!!* |   |
| Name of Research School |   |
| Period of Research School |   |
| Effort(e.g. how many hours per day took it place) |   |
| Location (City, Country) |   |

Signature Lecturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only needed if you did not get a certificate or the like

Credit Points/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(to be filled out by PCGS Coordinator)