

*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)