UNIVERSITÀ DI PARMA

Ph.D. Course in Drugs Sciences

Participation to seminars

Fill one or more sheets for each year of course.
The Teacher should sign only if the PhD student has attended the whole session of seminars

***Ph.D. Student*_____*Cycle*_____*Year*_____/_____**

Date	**Seminar by** ***(one or more speakers)***	**Duration** ***hours:min***	**Sign by a member of the Board of Teachers**