

Seminars in health sciences (PhD student course), 1cp, 4018106

Attendance form

Student's name and student number
-----------------------------------

SEMINARS

	Date	Speaker(s) in seminar	Seminar host's or secretary's signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

STUDENT'S ESSAY (obligatory)

Seminar	Date	Essay returned in Moodle on (date)

STUDENT'S OWN SEMINAR (optional), grants 1 cp

Seminar	Date	Signature of the host/coordinator/secretary

Return to Arja Afflekt, Mediteknia, Kuopio

Registered \_\_\_\_/\_\_\_\_ 20\_\_\_\_