**FRONTIERS IN SCIENCE**

**3 CFUs – 75 HOURS**

Name and surname:

Identification number:

SEMINARS

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and place** | **Duration** | **Title** | **Speaker** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

LITERATURE SEARCH

|  |  |
| --- | --- |
| **Hours** | **Topic** |
|  |  |
|  |  |
|  |  |

OTHERS

TOTAL HOURS:

I, the undersigned, ……………………………., supervisor of …………………………….., declare that the 3 CFUs in Frontiers in Science have been fulfilled.

Signature