

**Exam Card**

**Warsaw PhD School in Natural and BioMedical Sciences**

**Center for Theoretical Physics PAS**

Name ................................................................................................................................

Year of PhD studies: .................................

Academic year ........................ / ..............................

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Title of lecture, subject or seminar | Lecturer / Organiser | Number of  hours | ECTS  points | Passed / attended | | Exam | | Signature |
| date | signature | date | mark |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
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Total ECTS points: …........

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| Decision of the head of international PhD studies at Center for Theoretical Physics PAS: |  |
| I certify completion of the ...................... year of PhD studies. | ...............................................................  date, signature |