



Exam Card

Warsaw PhD School in Natural and BioMedical Sciences
Center for Theoretical Physics PAS



Name

Year of PhD studies:

Academic year /

| 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 | | | | | | | | | |
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| 6 | | | | | | | | | |
| 7 | | | | | | | | | |

Total ECTS points:

Decision of the head of international PhD studies at Center for Theoretical Physics PAS:

I certify completion of the year of PhD studies.

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date, signature