

Confirmation of research activity (full-time)

We hereby confirm that

_____ (First name/Last name)

has carried out
research work (full-time) on his/her
doctoral thesis

from _____ until _____ (at least 8 months)

The research work was supplemented by further research activities
from _____ until _____ (1 month).

Date

Signature medical doctoral students

Date

Signature direct supervisor