CORSO DI DOTTORATO IN PSYCHOLOGICAL SCIENCES DIPARTIMENTI DI PSICOLOGIA

Via Venezia, 8 35131 Padova tel +39 049 8276492 dottorato.psicologia@unipd.it



Authorization to attend additional courses

Name of Ph.D. student	Series/cycle
Details of the additional Course to be auth	norized:
University (if not UniPD)/Department issui	ing the course:
Ph.D. program (or evidence of Ph.D. equiv	ralent level):
Title/Lecturer/Course description/website	if available/hours/credits (if available):
(place and date)	(signature)
(Approved by the supervisor) Name and surname of the supervisor	
Signature	date
(Authorization) Signature of the PhD Course Coordinator I	_ucia Regolin for authorization
Signature	date
PhD Collegial Body authorization minute	attached
	Collegial Body: Academic Board Executive Board Date (dd/mm/yyyy)//