

**Doctoral School in Management Sciences
ULB ULg UMONS**

Workshop/seminar certificate for research activities

Name and Surname of the Student:

Registered in the Doctoral School of:

- ULB
- ULg
- UMONS

Has attended the following workshop/seminar:

Title:

Date:

Duration:

Organized by:

- ULB
- ULg
- UMONS
- Other:

Name and signature of the person in charge of the workshop/seminar: