

Doctoral School in Management Sciences
Workshop/seminar certificate for research activities

Name and surname of the student:.....

Registered in the doctoral school of:

- ULB
- HEC Liège - ULiège
- UMons

Has attended the following workshop/seminar:

Title:.....

Date:

Duration:

Organized by:

- ULB
- HEC Liège - ULiège
- UMons
- Other:

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