

Scientific training for students
NOVA Medical School, Universidade Nova de Lisboa

To the professor/lecturer/doctor responsible for the student's training:
Please complete the following information and give the original document,
signed and stamped to the student. Thank you for your cooperation.

Name of student: _____

Service/department where training took place: _____

Name and title of person responsible for training: _____

Name of subject: _____

Professor of the subject: _____

Start date: _____ Finish date: _____ Nr. hours: _____

Any further information: _____

Signature: _____ Date: _____

Institutional stamp: