# BENEFRI Neuroscience

# Hands-on Workshop 2025

# Certificate of Participation

# Student Information:

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| --- | --- |
| Full Name: |  |
| Matriculation Number: |  |
| Home Institution / University: |  |
| Date(s) of Lab Visit: |  |
| Date(s) of Lab Visit: |  |

### **Host Lab Information:**

|  |  |
| --- | --- |
| Name of Host Laboratory: |  |
| Host Institution: |  |
| Name of Lab Head / Supervisor: |  |
| Contact Email: |  |

Summary of Lab Visit Activities

*To be completed by the lab head. Please describe briefly, what the student has learned or participated in during the lab visit (methods observed, techniques practiced, experiments attended, etc.)* ***Please delete this text when filling in the form.***

**By signing below, we confirm that the student has completed and  passed /  failed the lab visit as described.**

*Place, Date:*

*Signature/ Name:*

**BENEFRI Neuroscience Commission confirms that the student has also successfully attended the Hands-on Workshop on 9 May 2025 and has therefore fulfilled the requirements to receive mandatory 3 ECTS credits for the Specialized PhD Program in Neuroscience.**

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| Prof. Antoine Adamantidis, PhD | Prof. Stéphane Ciocchi, PhD |