**PhD STUDIES COMMITTEE**

**COURSE INSTRUCTION REVIEW DOCUMENT**

 …………………… (Coordinator’s full name), ………………… (Academic rank), coordinator of the course entitled ……………………….. (course title) with the code ……… (course code), which is taught in the …… semester at the Department of Business Administration (D.B.A.), University of Thessaly (UTh), confirms that the PhD Candidate Mr/Mrs …………………………….. (Candidate’s full name) of the D.B.A., UTh., taught this course during the academic year ……… according to the following timetable:

|  |  |  |
| --- | --- | --- |
| **Day** |  **Number of hours**  | **Department\*** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

\* If applicable. This document must be filled in for every course taught by the PhD Candidate.

 Larisa, \_\_\_\_\_\_\_ / \_\_\_\_\_ /

|  |  |
| --- | --- |
| The Coordinator of the course | The PhD Candidate |
| (full name) | (full name) |
| (signature) | (signature) |