



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

**SHORT EVALUATION REPORT for TRAINEESHIP**

[Empty box for name]

UNIVERSITAT AUTONOMA DE BARCELONA  
RECEIVING INSTITUTION

E-BARCELO 02  
ERASMUS CODE

From 15/02/18 to 06/08/18  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

GEMMA MANICAP RAVENIO'S, Postdoctoral researcher, UAB  
NAME AND FUNCTION OF THE SUPERVISOR unit of histology

Effects of IL-6 and IL-10 overexpression in aged mice after facial nerve  
TITLE OF THE WORK anatomy

Neurobiology  
SUBJECT AREA

KIND OF THESIS WORK:

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH:

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 31

NUMBER OF HOURS of the activity (if applicable): 6 months

PROPOSED EVALUATION (IN ECTS GRADE): A

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Large empty box for evaluation]

Place and date... Bellaterra,  
27th of July  
2018

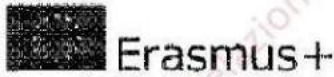


\*Stamp Supervisor's signature

[Handwritten signature]

\*Stamp of the receiving University or of the Supervisor's Department / *Departament de Biologia Cel·lular i de*

\*\*This declaration is not valid without the Supervisor's original signature and the institution's stamp



Higher Education

Evaluation form for thesis work

Università degli Studi di Padova

I-PADOVA01

SHORT EVALUATION REPORT for THESIS WORK

UNIVERSITAT AUTONOMA DE BARCELONA  
RECEIVING INSTITUTION

E- BARCEL0 02  
ERASMUS CODE

06/02/2017 to 05/08/2017  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

EVA MARIA MARTÍNEZ CÁCERES, Associate Professor of Immunology, UAB  
NAME AND FUNCTION OF THE SUPERVISOR

Validation and characterization of biomarkers for vitamin D3-induced tolerogenic dendritic cells as a potential therapy for multiple sclerosis.  
TITLE OF THE WORK

Immunology  
SUBJECT AREA

KIND OF THESIS WORK:  
 BACHELOR THESIS  MASTER THESIS  DOCTORAL PROJECT

RESEARCH APPROACH:  
 THEORETICAL  EXPERIMENTAL (PROJECT WORK)  BASED ON INTERNSHIP/TRAINING  REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 31

NUMBER OF HOURS of the activity (if applicable): 6 months

PROPOSED EVALUATION (IN ECTS GRADE): A

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a European letter attached to the present document)

[Empty box for evaluation of student's work]

Place and date: Barcelona, 18/7/17 \*Stamp

\*\*Supervisor's signature  
Generalitat de Catalunya  
Departament de Salut  
Hospital  
Servei d'Immunologia  
Edifici Laboratori de recerca 2ª planta  
Hospital Universitari Germans Trias i Pujol  
Carrer de Can Rull, camí de las Escuelas, s/n.  
08916 Badalona

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the institution's stamp



ECTS - EUROPEAN CREDIT TRANSFER SYSTEM  
 ECTS - Sistema Europeu de Transferència de Crèdits  
 TRANSCRIPT OF RECORDS  
 Certificat de Notes

SENDING INSTITUTION: Nom de la institució d'origen:	UNIVERSITÀ DEGLI STUDI DI PADOVA 'IL BO'
RECEIVING INSTITUTION: Nom de la institució de destí:	Universitat Autònoma de Barcelona
FACULTY / DEPARTMENT: Facultat / Departament:	Facultat de Biociències
ECTS DEPARTMENTAL COORDINATOR: Coordinador del Departament:	
Phone / Tel.:	Fax:
	E-mail:

COURSE CODE Des. Assignatura (1)	COURSE TITLE Nom de l'assignatura	DURATION Durada (2)	LANGUAGE INSTRUCTION Idioma d'impartició	SESSION Convocatòria	LOCAL GRADE Qualificació local (3)	COMPONENT SUCCESSFULLY COMPLETED Assignatures superades	LOCAL CREDITS Crèdits locals	ECTS GRADE Qualificació ECTS (4)	ECTS CREDITS Crèdits ECTS (5)	
12005	Master's Dissertation Trabajo de Fin de Máster	25	Catalan Catalan	1	9.8	YES	4.0		4	
42026	Professional and Research Practical Pràctiques Professionals y de Investigación	7	Catalan Catalan	1	9.8	YES	16.0		16	
100610	External Practicum Pràctiques externes	23	Catalan Catalan	1	9.8	YES	12.0		12	
							TOTAL LOCAL CREDITS Total crèdits locals	28	TOTAL ECTS CREDITS Total crèdits ECTS	32

to be continued on a separate sheet if necessary / Continuar en una altra pàgina si és necessari.....

(1)(2)(3)(4)(5) see explanation on back page.  
 (1)(2)(3)(4)(5) veure explicació en el revers.

DATE:  
 Data:  
 28/07/2017

SIGNATURE OF REGISTRAR/DEAN/ADMINISTRATION OFFICER  
 Firma del Secretari / Decà / Personal Administratiu

STAMP OF INSTITUTION  
 Segell de la institució

NB: This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution.  
 Nota: Aquest document no és vàlid sense la firma del Secretari / Decà / Personal Administratiu i el segell oficial de la institució.

Universitat Autònoma de Barcelona

Facultat de Biociències  
 Genís Rueda Arce



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**  
**ECTS - Sistema Europeu de Transferència de Crèdits**  
**TRANSCRIPT OF RECORDS**  
**Certificat de Notes**

Academic year / Curs acadèmic  
 2016/2017

SENDING INSTITUTION: Nom de la institució d'origen:	<b>UNIVERSITÀ DEGLI STUDI DI PADOVA 'IL BO'</b>
RECEIVING INSTITUTION: Nom de la institució de destí:	<b>Universitat Autònoma de Barcelona</b>
FACULTY / DEPARTMENT: Facultat / Departament:	<b>Facultat de Biociències</b>
ECTS DEPARTMENTAL COORDINATOR: Coordinador del Departament:	
Phone / Tif.: Fax:	E-mail:

COURSE CODE Cod. Assignatura (1)	COURSE TITLE Nom de l'assignatura	DURATION Dureada (2)	LANGUAGE INSTRUCTION Idioma d'impartició	SESSION Convocatòria	LOCAL GRADE Qualificació local (3)	COMPONENT SUCCESSFULLY COMPLETED Assignatura superada	LOCAL CREDITS Crèdits locals	ECTS GRADE Qualificació ECTS (4)	ECTS CREDITS Crèdits ECTS (5)	
42998	Professional Work Experience and Research in Structural Biochemistry and Molecular Biology/ Pràctiques Professionals y de Investigación en Bioquímica Estructural y Biología Molecular	Y		1	9.5	YES	9.0		9	
42905	Master's Dissertation Trabajo de Fin de Máster	2S	Catalan Catalán	1	9.5	YES	9.0		9	
42906	Professional and Research Practicals Pràctiques Professionals y de Investigación	Y	Catalan Catalán	1	9.5	YES	15.0		15	
							<b>TOTAL LOCAL CREDITS Crèdits  locals</b>	<b>35</b>	<b>TOTAL ECTS CREDITS Crèdits  ECTS</b>	<b>33</b>

to be continued on a separate sheet if necessary / Continuar en una altra pàgina si és necessari.....

(1)(2)(3)(4)(5) see explanation on back page  
 (1)(2)(3)(4)(5) veure explicació en el revers.

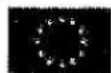
DATE:  
Data:  
26/09/2017

SIGNATURE OF REGISTRAR/DEAN/ADMINISTRATION OFFICER  
 Firma del Secretari / Degà / Personal Administratiu

STAMP OF INSTITUTION  
 Segell de la Institució

NB: This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution  
 Nota: Aquest document no és vàlid sense la firma del Secretari / Degà / Personal Administratiu i el segell oficial de la institució

*[Handwritten signature]*  
 Secretariat Formació de l'Alumnat  
 Facultat de Biociències  
 Grup de Recerca i Innovació



Erasmus+



Università degli Studi di Padova

Higher Education

Evaluation form for thesis work

I-PADOVA01

SHORT EVALUATION REPORT FOR THESIS WORK / TRAINEESHIP

Universitat Autònoma de Barcelona (UAB)  
RECEIVING INSTITUTION

ESBARCELO02  
ERASMUS CODE

06/03/2017 to 29/09/2017  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Jose Miguel Lizcano. Professor and Head of Dept. of Biochemistry, School Medicine  
Head, Protein kinases in Cancer Research Laboratory  
NAME AND FUNCTION OF THE SUPERVISOR

Mechanism of action of a new antitumoral drug in human endometrial cancer cells  
TITLE OF THE WORK

Biomedicine and Molecular Pharmacology  
SUBJECT AREA

TYPE OF ACTIVITY:

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT
- TRAINEESHIP

IN CASE OF THESIS WORK, RESEARCH APPROACH:

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

DESCRIPTION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for description of student's work]

Place and date Barcelona, 29<sup>th</sup> September 2017

\*Stamp

\*\*Supervisor's signature.....

**UAB**  
 Universitat Autònoma de Barcelona  
 Departament de Bioquímica  
 i de Biologia Molecular

*Jose Miguel Lizcano*

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



**Hôpital ophtalmique  
Jules-Gonin**

Service universitaire d'ophtalmologie  
Fondation Asile des aveugles


Avenue de France 15, case postale 5143, CH-1002 Lausanne

Au service de  
votre santé visuelle

Head of the pole of Fundamental Research  
Unit of Retinal Degeneration and Regeneration  
(URDR)

Prof. Yvan Arsenijevic, PhD  
Associate Professor  
T +41 21 828 82 60  
F +41 21 828 82 28

Lausanne, August 8, 2017

  
Prof. Yvan Arsenijevic, PhD

Prof. Yvan Arsenijevic, PhD  
Unit of Retinal Degeneration  
and Regeneration  
Service d'ophtalmologie  
Université de Lausanne  
Hôpital ophtalmique Jules-Gonin



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

### SHORT EVALUATION REPORT for THESIS WORK

ERASMUS STUDENT'S NAME

UNIL

RECEIVING INSTITUTION

CH LAUSANNO1

ERASMUS CODE

From 26/02/18 to 26/09/18

STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Prof. Margot Thome-Miazza, Co-director of the Dept. of Biochemistry

NAME AND FUNCTION OF THE SUPERVISOR

Investigation of the role of MALT1 in *C. elegans*

TITLE OF THE WORK

Molecular medicine

SUBJECT AREA

KIND OF THESIS WORK :

BACHELOR THESIS

MASTER THESIS

DOCTORAL PROJECT

RESEARCH APPROACH :

THEORETICAL

EXPERIMENTAL (PROJECT WORK)

BASED ON INTERNSHIP/TRAINING

REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

31

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation of student's work]

Université de Lausanne  
Institut de Biochimie  
chemin des Boveresses 155  
CH-1066 Epalinges

Place and date ..... Epalinges, 25.09.2018

\*Stamp

\*\*Supervisor's signature

*Thome-Miazza*

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



Erasmus+



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

Higher Education  
Evaluation form for thesis work

SHORT EVALUATION REPORT for THESIS WORK

ERASMUS STUDENT'S NAME

Receiving Institution: Università degli Studi di Padova, Italy

ERASMUS CODE: I-PADOVA01

PERIOD (from dd/mm/yy to dd/mm/yy): 27/02/2018 to 07/09/2018

NAME AND FUNCTION OF THE SUPERVISOR: Professor Thierry Roger, head of the laboratory of Infectious Diseases

TITLE OF THE WORK: Impact of situlin 2 and sirtuin 3 on innate immunity

SUBJECT AREA/STUDY FIELD OF THE WORK: Infectious diseases

KIND OF THESIS WORK :

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH :

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS\*: 31 ECTS

NUMBER OF HOURS of the activity (if applicable):

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation]

Place and date: Epalinges, august 20 2018

\*\*Stamp

\*\*\*Supervisor's

signature

Prof. CHUV  
Dr. Thierry Roger  
Service des Maladies Infectieuses  
CLED.04.407, 1066 Epalinges  
Thierry.Roger@chuv.ch

[Handwritten signature]

\*This activity will not be reported in your Final Transcript of Records. The proposed number of ECTS credits is just a suggestion for your University of Origin

\*\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp





Erasmus+



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

**SHORT EVALUATION REPORT for THESIS WORK**

[Empty box for name]

Charles University Prague, Second faculty of Medicine  
RECEIVING INSTITUTION

CZ PRAHA07  
ERASMUS CODE

from 26/02/18 to 26/09/18  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Ondřej Hrušák, M.D., Ph.D.  
NAME AND FUNCTION OF THE SUPERVISOR

Cytometric investigation of GLUT1 in normal and malignant cells  
TITLE OF THE WORK

cell biology, cytometry, hematology  
SUBJECT AREA

KIND OF THESIS WORK :

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH :

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

31

NUMBER OF HOURS of the activity (if applicable):

[Empty box]

PROPOSED EVALUATION (IN ECTS GRADE)

A

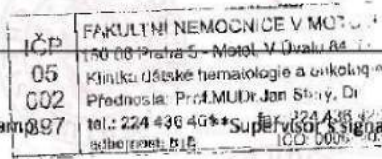
EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Large empty box for evaluation text]

Place and date

Sep 25, 2018

\*Stamp



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\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the institution's stamp



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

### SHORT EVALUATION REPORT for THESIS WORK

ERASMUS STUDENT'S NAME

Second Faculty of Medicine – Charles University, Prague

RECEIVING INSTITUTION

IPADOVA01

ERASMUS CODE

From 26/02/18 to 29/09/18

STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Professor Anna Šediva

NAME AND FUNCTION OF THE SUPERVISOR

TITLE OF THE WORK

Immunology

SUBJECT AREA

KIND OF THESIS WORK :

BACHELOR THESIS

MASTER THESIS

DOCTORAL PROJECT

RESEARCH APPROACH :

THEORETICAL

EXPERIMENTAL (PROJECT WORK)

BASED ON INTERNSHIP/TRAINING

REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

31

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

B

EVALUATION OF STUDENT'S WORK (If necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation of student's work]

Place and date

PRAGUE 26/02/18

Univerzita Karlova  
2. lékařská fakulta

\*Stamp Dekanát

Odd. Ph. D. studia a zahr. záležitostí (1)

V Úvalu 84, 150 06 Praha 5

IČO: 00216208 DIČ: CZ00216208

\*\*Supervisor's signature.....

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



UNIVERSITÄTS  
KLINIKUM  
TÜBINGEN

UKT-Kinderchirurgie und Kinderurologie-Hoppe-Seyler-Str. 3-72078 Tübingen

Universitätsklinik  
für Kinder- und  
Jugendmedizin

Abteilung Kinderchirurgie  
und Kinderurologie  
mit Poliklinik

Prof. Dr. med. Jörg Fuchs  
Ärztlicher Direktor



Geschäftsleitung  
Prof. Dr. med. P. Handgretinger  
Stephanie Rich, MBA

Sekretariat  
Alexandra Sommer  
Tel. 07071-29-86621  
Fax 07071-29-4046  
alexandra.sommer@med.uni-tuebingen.de

Kinderchirurgische Poliklinik  
Tel. 07071-29-85822

15.08.18

Universitätsklinikum Tübingen  
Anstalt des öffentlichen Rechts  
Sitz Tübingen  
Geisweg 3 • 72078 Tübingen  
Tel. 07071/29-0  
www.medizin.uni-tuebingen.de  
Steuer-Nr. 86156/09402  
USt-ID: DE 146 889 674

Aufsichtsrat  
Dr. Simone Schwanitz (Vorsitzende)  
Vorsitzend  
Prof. Dr. Michael Bamberg (Vorsitzender)  
Gabriela Sonntag (Stellv. Vorsitzende)  
Prof. Dr. Karl Ulrich Bartz-Schmidt  
Prof. Dr. Ingo B. Autenrieth  
Jana Lutz

Baden-Württembergische Bank Stuttgart  
BLZ 500 501 01 Konto-Nr. 7477 5037 99  
IBAN DE41 6005 0101 7477 5037 99  
SWIFT-Nr. SOLADEST  
Kreissparkasse Tübingen  
BLZ 641 500 20 Konto-Nr. 14 144  
IBAN DE78 6415 0020 0000 0141 44  
SWIFT-Nr. SOLADES1TUB

UNIVERSITÄTS  
KLINIKUM  
TÜBINGEN

Sincerely,



Prof. Dr. Steven Warmann

Univ.-Prof. Dr. med. Jörg Fuchs  
Ärztlicher Direktor  
Kinderchirurgie und Kinderurologie  
Klinik für Kinder- und Jugendmedizin  
Universitätsklinikum Tübingen  
Hoppe-Seyler-Str. 3  
D-72076 Tübingen



**dkfz.**

Deutsches Konsortium für  
Translationale Krebsforschung  
Partnerstandort Tübingen

Prof. Dr. med. H. Salih • KKE Translationale Immunologie  
Med. Klinik II, UKT • Otfried-Müller-Str. 10 • 72076 Tübingen

Prof. Dr. med. Helmut R. Salih  
KKE Translationale Immunologie  
Deutsches Konsortium für Translationale  
Krebsforschung (DKTK)  
Partnerstandort Tübingen  
Medizinische Klinik II, UKT  
Otfried-Müller-Str. 10  
72076 Tübingen

Tel.: +49 [07071-29-83275](tel:+4970712983275)  
Fax : +49 [07071-29-4391](tel:+497071294391)

Tübingen, 19.08.2019

**Evaluation of the Master Thesis of M**

**entitled**

**Establishment of a co-culture model to analyze the influence of BAFF on treatment  
resistance in CLL**

Prof. Helmut Salih



Universitätsklinikum Tübingen  
Medizinische Klinik und Poliklinik

Onkologie, Hämatologie,  
Immunologie, Rheumatologie und Palmologie  
Prof. Dr. med. Helmut R. Salih  
Otfried-Müller-Str. 10 • D-72076 Tübingen  
[helmut.salih@med.uni-tuebingen.de](mailto:helmut.salih@med.uni-tuebingen.de)

Tel: +49 70 71 - 29 83 275  
Fax +49 70 71 - 29 43 91



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

Evaluation form for thesis work

SHORT EVALUATION REPORT for THESIS WORK

STUDENT'S NAME

Universität Tübingen, Germany

RECEIVING INSTITUTION

DTUBINGE01

ERASMUS CODE

04/03/19 to 23/08/19

STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Tobias Haack, Dr.

NAME AND FUNCTION OF THE SUPERVISOR

Functional characterization of C12orf66 as a novel candidate gene for autosomal recessive intellectual disability

TITLE OF THE WORK

Medical genetics

SUBJECT AREA/STUDY FIELD OF THE WORK

KIND OF THESIS WORK :

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH :

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS\*: 30

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION: A

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation of student's work]

Place and date: Tübingen 08/08/19 \*\*\*Stamp

Medizinisches Versorgungszentrum des UKT  
 Fachgebiet Medizinische Genetik  
 Dr. med. Tobias Haack  
 Facharzt für Humangenetik  
 Hoppe-Seyler-Str. 3 • 72076 Tübingen  
 LANR: 464249942 • BSNR: 623202700

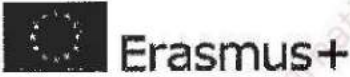
Supervisor's signature: [Signature]

\*This activity will not be reported in your Final Transcript of Records. The proposed number of ECTS credits is just a suggestion for your University of Origin

\*\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp

Medizinisches Versorgungszentrum Tübingen  
 Medizinische Genetik  
 Calwerstr. 7  
 72076 Tübingen  
 Tel. 07071/29-72295



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

**SHORT EVALUATION REPORT for THESIS WORK**

[Empty box for name]

UNIVERSITAET ULM  
RECEIVING INSTITUTION

D ULM01  
ERASMUS CODE

FROM 01/03/18 TO 31/08/18  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

CHRISTIAN SINZGER, CORA STEGMANN; INTERNSHIP SUPERVISORS  
NAME AND FUNCTION OF THE SUPERVISOR

ANALYSIS OF PDGFR- $\alpha$  DERIVATIVES REGARDING INTERACTION WITH  
HUMAN CYTOMEGALOVIRUS AND PDGF-BB.  
TITLE OF THE WORK

MEDICAL BIOTECHNOLOGIES – VIROLOGY  
SUBJECT AREA

KIND OF THESIS WORK :  
 BACHELOR THESIS  MASTER THESIS  DOCTORAL PROJECT

RESEARCH APPROACH :  
 THEORETICAL  EXPERIMENTAL (PROJECT WORK)  BASED ON INTERNSHIP/TRAINING  REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 31

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (If necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Large empty box for evaluation]

Place and date... U.l.m. 29.08.2018



\*Supervisor's signature: [Handwritten signature]

\*Stamp of the receiving University or of the Supervisor's Department/Structure  
\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

### SHORT EVALUATION REPORT for THESIS WORK

ERASMUS STUDENT'S NAME

ULM UNIVERSITY  
RECEIVING INSTITUTION

D ULM01  
ERASMUS CODE

from 03/03/19 to 30/09/19  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

PROF. DR. LÜDER HINRICH MEYER  
NAME AND FUNCTION OF THE SUPERVISOR

MOLECULAR CHARACTERIZATION OF VENETOCLAX SENSITIVITY IN ~~BCL-2~~  
TITLE OF THE WORK **B-CELL PRECURSOR ACUTE LYMPHOBLASTIC LEUKEMIA**

MOLECULAR ONCOLOGY  
SUBJECT AREA

*ds.  
13.IX.15*

KIND OF THESIS WORK :  
 BACHELOR THESIS     MASTER THESIS     DOCTORAL PROJECT

RESEARCH APPROACH :  
 THEORETICAL     EXPERIMENTAL(PROJECT WORK)     BASED ON INTERNSHIP/TRAINING     REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter

Place and date *Ulm, 12.IX.2015*  
Prof. Dr. med. Lüder H. Meyer  
Universitätsklinikum Ulm  
Klinik für Pädiater- und Jugendmedizin  
Eythstrasse 24 89075 Ulm  
+49 731 500 57254  
Lueder-hinrich.meyer@uniklinik-ulm.de  
Supervisor's signature *[Signature]*

\*Stamp of the receiving University or of the Supervisor's Department / Study Centre  
\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



## ECTS - European Credit Transfer System Transcript of Records

NAME OF RECEIVING INSTITUTION	Universität Ulm (Germany) Erasmus code: D ULM01 - EUC Nr.: 29900
Faculty / Department	Medizinische Fakultät
ECTS departmental coordinator	Prof. Dr. Michael Kühl Phone: +49 731 500-23283, Fax: +49 731 500-23277 Email: michael.kuehl@uni-ulm.de
Name of student	
Date and place of birth	
Period of stay	
Matriculation number	
NAME OF SENDING INSTITUTION	Università degli Studi di Padova (Italy) Erasmus code: I PADOVA01 - EUC Nr.: 29034
Faculty / Department	
ECTS departmental coordinator	

### DETAILS OF THE STUDY PROGRAMME ABROAD AND GRADES

Course unit code	Course unit title	Duration of course unit	Local grade	ECTS grade	ECTS credits
Master Thesis	"Molecular Characterization of Venetoclax Sensitivity ..."	7 Months	30		30.0
<b>TOTAL</b>					<b>30.0</b>

### SIGNATURE OF THE REGISTRAR / DEAN / ADMINISTRATION OFFICER

Name:	
Date:	18. SEP. 2019
Signature and stamp:	

**Dr. Sabine Habermatz**  
Erasmus + Institutional Coordinator  
International Office Universität Ulm (D ULM01)



Erasmus+



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

**SHORT EVALUATION REPORT for THESIS WORK**

\_\_\_\_\_

UNIVERSITY OF ULM  
RECEIVING INSTITUTION

D -ULM01  
ERASMUS CODE

From 04/03/2019 to 23/08/2019  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

PROFESSOR DR.MED. THOMAS FE BARTH; Senior Scientist  
NAME AND FUNCTION OF THE SUPERVISOR

Combined inhibition of CDK4/6 and PI3K/AKT/mTOR Pathways Induces a Synergistic Anti-tumour Effect in Chordomas in  
TITLE OF THE WORK

MOLECULAR MEDICINE  
SUBJECT AREA

KIND OF THESIS WORK :  
 BACHELOR THESIS       MASTER THESIS       DOCTORAL PROJECT

RESEARCH APPROACH :  
 THEORETICAL       EXPERIMENTAL(PROJECT WORK)       BASED ON INTERNSHIP/TRAINING       REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

\_\_\_\_\_

Place and date...Ulm, 5<sup>th</sup> of August 2019.....

signature.....

Institut für Pathologie der  
Universitätsklinik und der  
Medizinischen Fakultät  
der Universität Ulm  
Strümpfer-Platz, Dc. med. Peter Möller  
89070 Ulm - Albert-Einstein-Allee 11  
Tel. (0731) 809-56331 / 728 / 23  
Fax (0731) 809-56334

\*\*Supervisor's

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



Erasmus+



Università degli Studi di Padova

Higher Education

Evaluation form for thesis work

I-PADOVA01

SHORT EVALUATION REPORT for THESIS WORK / TRAINEESHIP

[Empty box]

UNIVERSITÄET ULM  
RECEIVING INSTITUTION

D ULM 01  
ERASMUS CODE

FROM 01/02/2017 TO 28/07/2017  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

HASSAN JUMAA - DIRECTOR OF THE INSTITUTE OF IMMUNOLOGY  
NAME AND FUNCTION OF THE SUPERVISOR

THE INTERACTION OF CXCR4 AND B-CELL RECEPTORS  
IN NORMAL AND MALIGNANT B CELLS  
TITLE OF THE WORK

IMMUNOLOGY  
SUBJECT AREA

TYPE OF ACTIVITY:

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT
- TRAINEESHIP

IN CASE OF THESIS WORK, RESEARCH APPROACH:

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 31

NUMBER OF HOURS of the activity (if applicable): ~ 960h

PROPOSED EVALUATION (IN ECTS GRADE) 1.0

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Large empty box for evaluation]

Place and date ulm, 21.07.17

Hassan Jumaa, PhD  
 Institute for Immunology  
 University Hospital Ulm  
 Albert-Einstein-Allee 11  
 D-89070 Ulm

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*Supervisor's signature H. Jumaa

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



Erasmus+



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

### SHORT EVALUATION REPORT for THESIS WORK

[Empty box for student name]

ERASMUS STUDENT'S NAME

Eberhard Karls Universität Tübingen

RECEIVING INSTITUTION \*

D TUBINGE01

ERASMUS CODE

01/03/2019 – 23/08/2019

STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Prof. Dr. med. Helmut R. Salih

NAME AND FUNCTION OF THE SUPERVISOR

Establishment of a co-culture model to analyze the influence of BAFF on treatment resistance in CLL

TITLE OF THE WORK

Translational Immunology

SUBJECT AREA

KIND OF THESIS WORK :

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH :

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

30

NUMBER OF HOURS of the activity (if applicable):

-

PROPOSED EVALUATION (IN ECTS GRADE)

A (German grade 1.6)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Large empty box for evaluation text]

Place and date

*Tübingen*  
*01/03/2019*

Universitätsklinikum Tübingen  
 Medizinische Klinik und Poliklinik  
 \*Stempel  
 Onkologie, Hämatologie,  
 Immunologie, Rheumatologie und Pulmologie  
 Prof. Dr. med. Helmut R. Salih  
 Otfried-Müller-Str. 10 • D-72076 Tübingen  
 Tel. +49 71 49 83 275  
 Fax +49 71 49 43 91

Supervisor's signature

*[Handwritten signature]*

\*Stamp of the receiving University or of the Supervisor's Department, Structure  
 \*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



**dkfz.**

Deutsches Konsortium für  
Translationale Krebsforschung  
Partnerstandort Tübingen

Prof. Dr. med. H. Salih • KKE Translationale Immunologie  
Med. Klinik II, UKT • Otfried-Müller-Str. 10 • 72076 Tübingen

**Prof. Dr. med. Helmut R. Salih**  
KKE Translationale Immunologie  
Deutsches Konsortium für Translationale  
Krebsforschung (DKTK)  
Partnerstandort Tübingen  
Medizinische Klinik II, UKT  
Otfried-Müller-Str. 10  
72076 Tübingen

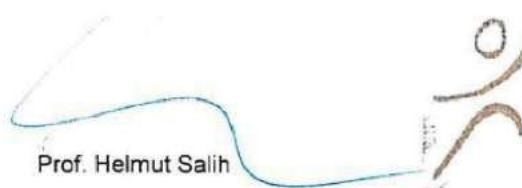
Tel.: +49 [07071-29-83275](tel:+4970712983275)  
Fax : +49 [07071-29-4391](tel:+497071294391)

Tübingen, 19.08.2019

## Evaluation of the Master Thesis of

**Establishment of a co-culture model to analyze the influence of BAFF on treatment  
resistance in CLL**

Prof. Helmut Salih



UNIVERSITÄTSKLINIKUM TÜBINGEN  
Medizinische Klinik und Poliklinik  
Onkologie, Hämatologie,  
Immunologie, Rheumatologie und Palmologie  
Prof. Dr. med. Helmut R. Salih  
Otfried-Müller-Str. 10 • D-72076 Tübingen  
[helmut.salih@med.uni-tuebingen.de](mailto:helmut.salih@med.uni-tuebingen.de)  
Tel. +49 70 71 - 29 83 275  
Fax +49 70 71 - 29 43 91



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

Evaluation form for thesis work

SHORT EVALUATION REPORT for THESIS WORK

[Empty box for name]

Universität Tübingen, Germany  
RECEIVING INSTITUTION

DTUBINGE01  
ERASMUS CODE

04/03/19 to 23/08/19  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Tobias Haack, Dr.  
NAME AND FUNCTION OF THE SUPERVISOR

Functional characterization of C12orf66 as a novel candidate gene for autosomal recessive intellectual disability  
TITLE OF THE WORK

Medical genetics  
SUBJECT AREA/STUDY FIELD OF THE WORK

KIND OF THESIS WORK :

- BACHELOR THESIS
- MASTER THESIS
- DOCTORAL PROJECT

RESEARCH APPROACH :

- THEORETICAL
- EXPERIMENTAL (PROJECT WORK)
- BASED ON INTERNSHIP/TRAINING
- REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS\*: 30

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION: A

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation]

Place and date: Tübingen 08/08/19 \*\*Stamp

Medizinisches Versorgungszentrum des UKT  
 Fachgebiet Medizinische Genetik  
 Dr. med. Tobias Haack  
 Facharzt für Humangenetik  
 Hoppe-Seyler-Str. 3 • 72076 Tübingen  
 LANR: 464249942 • BSNR: 823202700

Supervisor's signature: [Signature]

\*This activity will not be reported in your Final Transcript of Records. The proposed number of ECTS credits is just a suggestion for your University of Origin

\*\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp

Medizinisches Versorgungszentrum Tübingen  
 Medizinische Genetik  
 Calwerstr. 7  
 72076 Tübingen  
 Tel. 07071/29-72295



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

### SHORT EVALUATION REPORT for THESIS WORK

ERASMUS STUDENT'S NAME

ULM UNIVERSITY  
RECEIVING INSTITUTION

D ULM01  
ERASMUS CODE

from 03/03/19 to 30/09/19  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

PROF. DR. LÜDER HINRICH MEYER  
NAME AND FUNCTION OF THE SUPERVISOR

MOLECULAR CHARACTERIZATION OF VENETOCLAX SENSITIVITY IN ~~BCL-2~~  
TITLE OF THE WORK **B-CELL PRECURSOR ACUTE LYMPHOBLASTIC LEUKEMIA**

MOLECULAR ONCOLOGY  
SUBJECT AREA

*ds.  
13.IX.15*

KIND OF THESIS WORK :  
 BACHELOR THESIS     MASTER THESIS     DOCTORAL PROJECT

RESEARCH APPROACH :  
 THEORETICAL     EXPERIMENTAL (PROJECT WORK)     BASED ON INTERNSHIP/TRAINING     REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter)

Place and date *Ulm, 12.IX.2015*  
**Prof. Dr. med. Lüder H. Meyer**  
Universitätsklinikum Ulm  
Klinik für Kinder- und Jugendmedizin  
Eythstrasse 24 89075 Ulm  
+49 731 500 57254  
lueder-hinrich.meyer@uniklinik-ulm.de  
Supervisor's signature *[Signature]*

\*Stamp of the receiving University or of the Supervisor's Department / University  
\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp

## ECTS - European Credit Transfer System Transcript of Records

NAME OF RECEIVING INSTITUTION	Universität Ulm (Germany) Erasmus code: D ULM01 - EUC Nr.: 29900
Faculty / Department	Medizinische Fakultät
ECTS departmental coordinator	Prof. Dr. Michael Kühn Phone: +49 731 500-23283, Fax: +49 731 500-23277 Email: michael.kuehl@uni-ulm.de
Name of student	
Date and place of birth	
Period of stay	
Matriculation number	
NAME OF SENDING INSTITUTION	Università degli Studi di Padova (Italy) Erasmus code: I PADOVA01 - EUC Nr.: 29034
Faculty / Department	
ECTS departmental coordinator	Prof. Erich PIOVAN Email: erich.piovan@unipd.it

### DETAILS OF THE STUDY PROGRAMME ABROAD AND GRADES

Course unit code	Course unit title	Duration of course unit	Local grade	ECTS grade	ECTS credits
Master Thesis	"Molecular Characterization of Venetoclax Sensitivity ..."	7 Months	30		30.0
				TOTAL	30.0

### SIGNATURE OF THE REGISTRAR / DEAN / ADMINISTRATION OFFICER

Name:	
Date:	18. SEP. 2019
Signature and stamp:	 

**Dr. Sabine Habermatz**  
Erasmus + Institutional Coordinator  
International Office Universität Ulm (D ULM01)





Erasmus+



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

**SHORT EVALUATION REPORT for THESIS WORK**

ERASMUS STUDENT'S NAME

UNIVERSITY OF ULM  
RECEIVING INSTITUTION

D -ULM01  
ERASMUS CODE

From 04/03/2019 to 23/08/2019  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

PROFESSOR DR.MED. THOMAS FE BARTH; Senior Scientist  
NAME AND FUNCTION OF THE SUPERVISOR

Combined inhibition of CDK4/6 and PI3K/AKT/mTOR Pathways Induces a Synergistic Anti-tumour Effect in Chordomas in  
TITLE OF THE WORK

MOLECULAR MEDICINE  
SUBJECT AREA

KIND OF THESIS WORK :  
 BACHELOR THESIS       MASTER THESIS       DOCTORAL PROJECT

RESEARCH APPROACH :  
 THEORETICAL       EXPERIMENTAL(PROJECT WORK)       BASED ON INTERNSHIP/TRAINING       REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 30

NUMBER OF HOURS of the activity (if applicable): 1384

PROPOSED EVALUATION (IN ECTS GRADE) 30

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation or supervisor letter]

Place and date...Ulm, 5<sup>th</sup> of August 2019.....

signature.....

Institut für Pathologie der  
Universitätsklinik und der  
Medizinischen Fakultät  
der Universität Ulm  
Str. 11, Dr. med. Peter Möller  
89070 Ulm - Albert-Einstein-Allee 23  
Tel. (07 31) 500-5 63 21 / 26 / 29  
Fax (07 31) 500-5 63 54

\*\*Supervisor's

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp



SHORT EVALUATION REPORT for THESIS WORK

SEMP STUDENT'S NAME

University of Lausanne, Switzerland  
RECEIVING INSTITUTION

ERASMUS CODE

3/3/2020 to 11/12/2020  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Melita Irving, Group Leader for T-cell engineering  
NAME AND FUNCTION OF THE SUPERVISOR

Gene-modifications to enhance the function of tumor-directed T-cells  
TITLE OF THE WORK

T-cell engineering for cancer immunotherapy  
SUBJECT AREA

KIND OF THESIS WORK :

BACHELOR THESIS       MASTER THESIS       DOCTORAL PROJECT

RESEARCH APPROACH :

THEORETICAL       EXPERIMENTAL(PROJECT WORK)       BASED ON INTERNSHIP/TRAINING       REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS: 31

NUMBER OF HOURS of the activity (if applicable): Full-time

PROPOSED EVALUATION (IN ECTS GRADE) 31

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation of student's work]

Place and date...Epalinges, December 18, 2020...

\*Stamp

\*\*Supervisor's signature.....

University of Lausanne  
Department of Fundamental Oncology  
Ch. des Boveresses 155  
CH-1066 Epalinges

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp

**SWISS-EUROPEAN  
MOBILITY  
PROGRAMME (SEMP)**



Università degli Studi di Padova

Higher Education

Evaluation form for thesis work

I PADOVA01

**SHORT EVALUATION REPORT for THESIS WORK**

SEMP STUDENT'S NAME

University of Lausanne  
RECEIVING INSTITUTION

PADOVA 01  
ERASMUS CODE

02/03/2020 to 31/12/2020  
STUDY PERIOD (from dd/mm/yy to dd/mm/yy)

Professor Alexandre Harari  
NAME AND FUNCTION OF THE SUPERVISOR

Identification of SARS-COV-2-antigen specific CD8 T cells using a new immunogenicity predictor.  
TITLE OF THE WORK

Immunology  
SUBJECT AREA

KIND OF THESIS WORK :

BACHELOR THESIS       MASTER THESIS       DOCTORAL PROJECT

RESEARCH APPROACH :

THEORETICAL       EXPERIMENTAL (PROJECT WORK)       BASED ON INTERNSHIP/TRAINING       REVIEW WORK

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity (if applicable):

PROPOSED EVALUATION (IN ECTS GRADE)

EVALUATION OF STUDENT'S WORK (if necessary, this part can be substituted by a Supervisor letter attached to the present document)

[Empty box for evaluation of student's work]

Place and date Lausanne 10 Dec 20 **Université de Lausanne** \*\*Supervisor's signature [Signature]  
Institut Ludwig de Recherche sur le Cancer  
Ch. des Boveresses 155  
CH-1066 Epalinges

\*Stamp of the receiving University or of the Supervisor's Department / Structure

\*\*This declaration is not valid without the Supervisor's original signature and the Institution's stamp