



**Turku Graduate School of
Biomedical Sciences**

University of Turku
Kiinamyyllykatu 13
FIN-20520 Turku, Finland

**Certificate of Completing Doctoral Education
in Turku Graduate School of Biomedical Sciences (TuBS)**

I hereby request to have a reference in my Certificate of Doctoral Degree,
that I have completed my doctoral education in Turku Graduate School of
Biomedical Sciences (TuBS)

Name of the Student: _____

Title of the Thesis Project: _____

Date of Dissertation: _____

Turku /

Student Signature: _____

Accepted

Date: _____

**Olli Lassila
Professor**

Director of Turku Graduate School of Biomedical Sciences (TuBS)