Experimental Medicine
Medical Faculty - Ulm University

List of activities

Name of Student:

Department:

Study year (mm.yy - mm.yy):

	Date (dd.mm.yy - dd.mm.yy)	**Type**	**Title / Topic**	**Speaker / Institute / Place**	**Signature Student**
1					
2					
3					
4					
5					
6					

Type: S: Seminar, P: Practical courses
         W: Workshop, E: Excursions, M: Minisymposia, POL: Problem-oriented learning

Presented to the Student Office:

Date: .... Signature: ....
                                                                                                                Student Office