

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					
7					
8					
9					
10					
11					

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