

Name

/Matrikelnummer: _____

Dokumentation der Kompetenzen

	Art des Angebots:	Zeitlicher Umfang:	Erworbene Kompetenzen:
Service Learning Point 1 <input type="checkbox"/>			
Service Learning Point 2 <input type="checkbox"/>			
Service Learning Point 3 <input type="checkbox"/>			
Service Learning Point 4 <input type="checkbox"/>			
Service Learning Point 5 <input type="checkbox"/>			
Service Learning Point 6 <input type="checkbox"/>			