dortmund university

Overview of courses

(Especially internships, excursions, etc.) in the current semester

WiSe 20__ / SoSe 20__

For submission to the occupational safety, environmental protection and health protection unit as part of risk assessment

Name, first name: _____

Event number	Event type	Event title	Weekday, time	Turnus	Location	Lecturer
12345	*Internship*	*Sample event XYZ*	*Mon.: 12:00-14:00*	*Weekly*	*EF XX Room X*	*Prof. Dr. Musterperson*