

## CyberSec Certificate

### Control Slip

Name:

Primary Research Field:

Primary Supervisor

### Participation at Courses

#### Two Talks at the CyberSec Seminar

Title of Talk:

Date:

Signature of responsible person

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Title of Talk:

Date:

Signature of responsible person

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#### Participation at CyberSec Retreat

Date:

Signature of responsible person

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#### Participation at Communications Program

Date:

Signature of responsible person

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**Participation at Course in Primary Research Field**

Title of Course:

Type of Course:

Date:

Signature of responsible person \_\_\_\_\_

**Participation at Courses in Secondary Research Field**

Title of Course:

Type of Course:

Date:

Signature of responsible person \_\_\_\_\_

Title of Course:

Type of Course:

Date:

Signature of responsible person \_\_\_\_\_

**Participation at Workshops**

Title of Workshop:

Date:

Signature of responsible person \_\_\_\_\_

Title of Workshop:

Date:

Signature of responsible person \_\_\_\_\_

Karlsruhe,  Signature Doctoral Researcher \_\_\_\_\_