

CyberSec Certificate

Participation Slip

Name:

Primary Research Field:

Primary Supervisor

Participation at Courses

Two Talks at the CyberSec Seminar

Title of Talk:

Date:

Signature of responsible person

Title of Talk:

Date:

Signature of responsible person

Participation in CyberSec Retreat

Date:

Signature of responsible person

Participation in Activity on Scientific Writing

Date:

Signature of responsible person

Participation in Course in Primary Research Field

Title of Course:

Type of Course:

Date:

Signature of responsible person

Participation in 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 in Workshops

Title of Workshop:

Date:

Signature of responsible person

Title of Workshop:

Date:

Signature of responsible person

Karlsruhe,

Signature Doctoral Researcher
