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| Kurs-ID-Nummer (von AEWB zugeteilt):Kursstart und -ende:Durchführende Einrichtung:Gebietskörperschaft:Durchführungsort:Administrierende Stelle: |

**Zusammenfassende Beurteilung der Maßnahme (Stichworte):**

**Kurzbericht zur Kompetenzfeststellung (Stichworte):**

Bitte denken Sie an die Unterschriften unter dieser Tabelle.

| **Datum** | **UStd.** | **TN-Zahl** | **Thema / Inhalt (kurz)** | **Bemerkungen / Besonderheiten** |
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**Datum und Unterschriften:**

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**Dozent/-in Verantwortliche/-r der durchführenden Einrichtung**

**Bitte senden Sie das ausgefüllte Kursbuch an Ihre administrierende Stelle (VHS oder Gebietskörperschaft)**