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| Aktenzeichen (von AEWB zugeteilt):  Kursstart und -ende:  Kursart und -niveau:  Anzahl Unterrichtsstunden (lt. Einzelantrag / tatsächlich durchgeführt):  Durchführende Einrichtung:  Gebietskörperschaft:  Durchführungsort: |

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

**Ggf. Kurzbericht zur Kompetenzfeststellung:**

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**