Application for confirmation of successful participation in the WU Onboarding Program



Please send the completed form by email to:

orga-pep@wu.ac.at



PE	RSONAL DATA		
First	name:		
Last	name:		
Acad	lemic title (prefix):		
Acad	lemic title (suffix):		
, ,,,,,,,	Administrative staff		
	Academic staff		
Emp	loyed at WU since:		
EVENTS AND WORKSHOPS ATTENDED			
I attended the following four (or five) events and workshops in the WU Onboarding program:			
	Strategy Day	Date:	
	•		
	Welcome2WU	Date:	
	T		
	German language course language school):	erman language course (within WU's in-house training program or at an external nguage school):	
	Language Institute, Level and Date:		
OR	Workshop Title and Semester:		
	T		
	WU in-house training workshop		
	Title:		
	Semester:		
	WU in-house training workshop		
	Title:		
1		Semester:	
	Semester:		