

Registration form

for participation in the Diversity Challenge of the Otto von Guericke University Magdeburg

Group name: _____

Number of group members: _____

Names of participants:

Faculties/Study programmes:

Contact person:

Name: _____

Email: _____

Phone number: _____

Participation as part of a course/seminar:

___ yes ___ no

Is an exchange of ideas in a tutorial group wanted? ___ yes ___ no

Submit a concept, not the implemented product!

Name of concept: _____

Diversity sector:

___ DIVERSITY.rethink ___ DIVERSITY.create ___ DIVERSITY.live

Information about concept (for the present):

a) Situation analysis (What is the problem? What occasion is there?)

b) Strategy (What are the goals? Who is the target group?)

c) Planned measures/actions/product

