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| **Attendance of Student:** *(Name, Surname)***Class:** *(Title and, if there is one, code)***Instructor:** *(Name, Surname)***Type of exam:** *(oral/written/paper)**For oral exams write duration in minutes.* *X semester hours (X SWS)**Semester times when is taking place: Month Day, Year through Month Day, Year**Days of the week when it takes place: X:XX - X:XX am/pm***Short Course Description (Optional):** |
| Date and Time | Signature |
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I hereby confirm that the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has visited my course regularly and has demonstrated the required attendance.

Stamp, Date, Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_