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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_