

To whom it may concern

We hereby confirm that your student

Name, Date of Birth

has participated and attended the following lectures:

Course n°	Lecture	Hours (SWS)	ECTS	Type of Examination	Duration of examination

If the type of the examination is an oral exam, we ensure that the complete course content of the lecture was part of the oral examination.

Yours sincerely,

Date, Signature

Stamp of University