Allgemeiner Studierendenausschuss
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CERTIFICATE

This is to certify that the student:

(name)

(matriculation number)

is studying as a full-time exchange-student at:

name and address of University:

stamp:

☐ during the summer semester: 20

☐ during the winter semester: 20

from (DD.MM.YYYY):

to (DD.MM.YYYY):

name of coordinator:

date and signature: