To:

Hochschule Osnabrück, University of Applied Sciences

Faculty of Business Management and Social Sciences

P.O. Box 1940

49009 Osnabrück

Germany

Home institution: name and address

##

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Home institution: contact person

First name and surname:

E-mail:

Phone no.:

## **Certificate of enrollment**

This is to confirm that  **(full name of student)**

is enrolled as a student at our university and will study as a visiting or exchange student
at Osnabrück University of Applied Sciences during the
from to

**>> Please state the periods of the semester(s) that your student will spend at our university:
winter term: September to February, summer term: March to August.**

**If two semesters (full year), please select: winter and summer term: September to August,
or summer and winter term: March to February.**

### Place, date Signature of coordinator

###  Stamp of home institution

 *(not to be signed by the student!)*