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 enrolment for the retake of failed examinations**

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

is enrolled as a student at our university and will retake failed examinations as a
visiting student at Osnabrück University of Applied Sciences during the winter/summer semester  **(year/s)**, from  **(month)** to  **(month)**.

**>> Please state the period of the semester in which your student wants to resit for failed examinations at our university: winter term: September to February, summer term: March to August.**

### Place, date Signature of coordinator

###  Stamp of home institution

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