

**Host institution**

Osnabrück University of Applied Sciences  
Faculty of Business Management and Social Sciences  
Germany

**Home institution (name and full address)****Home institution (contact person)**

**First name and surname:**

**E-mail:**

**Phone number:**

**Certificate of enrollment****Full name of student**

This is to confirm that the above student is enrolled at our university and will study as a visiting or exchange student at Osnabrück University of Applied Sciences during the following period:

**Date:**

**Signature and stamp of home institution** (not to be signed by the student!)