

Confirmation of Eligibility to Take Exams

Motive: Change of University

Name of University: _____

Address: _____

Issuing Institution (examinations office): _____

Contact details (phone, email): _____

We hereby confirm that Ms / Mr _____

born on _____

<input type="radio"/>	has definitively failed an examination
<input type="radio"/>	has not definitively failed any examination required according to examination regulations and has not lost the eligibility to take exams
<input type="radio"/>	has lost the eligibility to take exams in the subject of _____ due to exceeding the deadline for acquiring the necessary course credits

(Please tick as appropriate)

in the degree program of _____ at our institution

at the end of the _____ semester.

Date / Signature / Official Seal