

Faculty: _____ Study programme: _____

Certificate

Mr/Ms _____

Student ID: _____

Study programme _____

WS or SS¹ _____

Module/Lecture _____

Lecturer _____

Number of hours per week (45-min sessions): _____

Grading:² _____ **Credits:** _____

Content:

Date

Lecturer signature

¹ Please mark accordingly!

² **Possible grades:**

1,0; 1,3; 1,7; 2,0; 2,3; 2,7; 3,0; 3,3; 3,7; 4,0; passed; 5,0; failed